

질환이지만 그 합병증으로 食道穿孔과 이에 따른 縱隔洞炎을 일으키는 예는 매우 드물다. 그러나 이러한 縱隔洞炎은 극히 위험한 합병증으로서 생명에 위협을 초래하는 예도 적지 않다.

著者들은 최근 食道異物에 의한 食道穿孔으로 縱隔洞炎이 竝發한 경우를 경험하였기에 문헌고찰과 함께 보고하는 바이다.

患者는 69세 여자로서 음식물에 섞인 유리조각을 誤嚥한 후 심한 연하곤란 및 연하통을 주소로 본원 응급실에 내원하였으며 당시 下顎部に 평창과 심한 피하기증을 볼 수 있었다. 食道穿孔을 의심하여 食道鏡檢査를 시행한 결과 이물은 발견하지 못했으나 頸部 食道 右側壁에 약 4cm가량의 식도 縱穿孔을 확인할 수 있었고 다량의 음식물 찌꺼기를 볼 수 있었다. 음식물 찌꺼기를 除去한 후 禁食과 다량의 抗生劑를 투여하였으나 입원 제 3일에 흉곽통이 있었으며 흉부 X선상 상부 중격동 음영의 확장을 볼 수 있었다. 입원 제 4일에는 호흡곤란이 있어 氣管切開術을 시행하였으며 피하기증도 감소되었다. 입원 제 15일에 시행한 食道鏡檢査에서 頸部 食道 右側壁의 穿孔部位에서 다량의 膿이 배출되어 右側下顎部の 전면에 排膿管을 삽입하였다. 슬루膿의 양은 감소되었으나 약 15일간 膿의 排出은 계속되었고 전신상태가 호전되었으나 患者의 경제적 사정으로 입원 제 38일에 退院하였다. 그 후 항생제를 투여하며 통원가료후 완전히 회복되었다.

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### 외상성 후두 협착 치험례

고려병원

강연섭 · 정재봉 · 변우현 · 조윤태 · 박해수

심한 두경부 외상은 교통사고 · 폭행 · 산업재해 등으로 인하여 나날이 증가일로에 있다. 이 때는 대개 시급한 기관절개술 및 신경외과적 치료가 필요한 경우가 많은데, 두부 외상에 대한 치료뿐 아니라 그에 상당하는 관심을 가지고 경부외상을 치료하지 않으면 후일에 심각한 합병증 및 후유증을 초래할 수 있으므로 주의를 환기할 필요가 있다.

최근 저자들은 약 1년 6개월 전에 집단 폭행으로 두부 및 후두부에 외상을 입고 타 병원에서 두개골절제술 및 기관절개술을 받은 20세 남자 환자에서 발생한 후두 협착을 다단계 수술로써 치료하여 좋은 결과를

얻었으므로 이에 문헌 고찰과 아울러 보고하는 바이다.

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### 喉頭部橫紋筋肉腫의 1例

서울赤十字病院

李淳喆 · 金錫道 · 金時垣

橫紋筋肉腫은 間胚細胞에서 發生한 比較的 드물고 惡性도가 極히 높은 腫瘍이다.

患者는 50歲 男性으로 約 2個月間의 嘎聲을 主訴로 來院하였다. 檢査結果 右側 聲帶의 前 1/3部位에 0.5 cm×0.3cm크기의 腫物을 볼 수 있었다. 全身麻酔下에서 腫物을 切除하였으며 生檢結果 胚狀型의 橫紋筋肉腫임이 確診됐다.

著者들이 알기로는 喉頭部橫紋筋肉腫의 症例는 現在까지 全世界의 24例의 報告가 있었다.

喉頭部에서 發生한 橫紋筋肉腫의 1例를 文獻의 考察과 함께 報告하는 바이다.

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### 후두 종양의 임상적 및 병리조직학적 고찰

국립의료원

金和成 · 韓慶洙 · 李駿基 · 鄭德姬 · 朴載勳

1975년 3월부터 1980년 3월까지 애성을 주소로 하여 본원에 입원하여 수술 받은 183명의 후두 종양 환자에 대한 임상적 통계와, 그중 병리조직학적으로 확진된 88case의 성대 결절과 폴립 환자에서, 성대 결절(30 case), 국한성 폴립(48), 미만성 폴립(10)을, 임상적인 분류하에 현미경학적 검사로 다음과 같은 결과를 얻었기에 보고하는 바이다.

#### I. 임상적 관찰

1) 전체 183명중 성대 결절 82명(45%), 후두 폴립 53명(29%), 삼관후 육아종 3명(1%), 후두 유두종 18명(10%), 후두 결핵 2명(1%), 후두암 25명(14%)를 차지했다.

2) 남녀비는 성대 결절 3:4, 후두 폴립은 1:1, 삼관후 육아종 1:2, 후두 유두종 3:2, 후두암 11:1로

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Foreign bodies in the esophagus are frequently seen in the otolaryngologic field and there are numerous reports of them.

Also the kinds of these foreign bodies are valuable and almost all things around us are likely to be foreign bodies.

Authors have recently experienced three cases of rare and interesting foreign bodies in the esophagus.

Foreign bodies were removed by endoscopy and all of these were sharp square shaped hard plastic package which enclosing tablet of medicine. This is the report of clinical findings on these cases along with literature review.

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#### **A Case of Esophageal Perforation and Mediastinitis complicated after Foreign Body Ingestion**

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Foreign body in the esophagus is not uncommon in the otolaryngological field and esophageal perforation followed by mediastinitis is one of the most serious complications.

Authors had experienced such case developed in 69 year old female patient. This woman swallowed a piece of sharp glass accidentally. Severe pain and swelling around the neck developed after ingestion.

Marked subcutaneous emphysema was noted on first examination. By esophagoscopy, longitudinal laceration at right lateral wall of the cervical esophagus was noted and a lot of food debris were removed through this perforation, but foreign body could not be found. On third hospital day, patient complained chest pain and dyspnea. Mediastinal widening was noted on chest P-A. Tracheostomy was performed on next day and neck swelling decreased much. In spite of massive antibiotics, mediastinal abscess was developed and external drainage was performed on 15th hospital day. She was discharged on 38th hospital day with marked improvement and recovered completely on follow-up study. Still, we do not know where the foreign body is located.

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#### **A Case of Traumatic Laryngeal Stenosis**

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Now we are encountering with a growing number of severe head and neck injuries owing to automobile accidents, violence, and industrial injuries etc. In these circumstances, emergency tracheostomy and neurosurgical treatment are frequently necessary. When cervical trauma was ignored at initial stage, significant complications and sequelae may follow. So it deserves attention that meticulous and thoughtful treatments should be given to the cervical injuries as well as head injuries.

We have recently experienced a case of laryngeal stenosis resulted from head and neck trauma. The patient was a 20-year-old

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male who underwent craniectomy and tracheostomy at another hospital about one and a half years prior to admission. With multi-staged operations, we were able to re-establish an adequate natural air way.

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#### **A Case of Laryngeal Rhabdomyosarcoma**

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Rhabdomyosarcomas are relatively rare and highly malignant tumors which originated from mesenchymal cells.

A 50-year-old man, suffered from hoarseness for 2 months, visited to the Dept. of ENT, Seoul Red Cross Hospital.

By indirect laryngoscopic examination, a sessile based whitish polypoid mass (0.5cm × 0.3cm) was noted at the one third portion of right true vocal cord. Under general anesthesia, local excision was performed. Biopsy revealed rhabdomyosarcoma of the embryonal type.

To our knowledge, only 24 cases of laryngeal rhabdomyosarcoma have been reported in the world literature.

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#### **The Clinical and Histopathological Study of Laryngeal mass**

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The clinical study of 183 cases of laryngeal mass was observed and 88 cases of vocal nodule and polyp which is confirmed histopathologically, were clinically classified into

30 cases of vocal nodule, 48 cases of localized vocal polyp, 10 cases of diffuse vocal polyp, and the following results of microscopic examination were obtained.

1. The clinical study of laryngeal mass

1. Among total cases of 183, vocal nodule is 82(45%) vocal polyp 53(29%) postintubation granuloma 3(1%) laryngeal papilloma 18(10%) tuberculosis 2(1%) cancer 25(14%).

2. The sex ratio of male to female is 3:4 in vocal nodule, 1:1 in vocal polyp, 1:2 in postintubation granuloma, 3:2 in laryngeal papilloma, 11:1 in cancer.

3. The age distribution is third-fourth decade in vocal nodule, fourth-fifth decade in vocal polyp, third decade in postintubation granuloma, second and fifth decade in laryngeal tuberculosis, sixth decade in laryngeal cancer.

4. The distribution of symptoms is 5 month-1 year in vocal nodule and polyp, less than 1 year in laryngeal papilloma and postintubation granuloma, 1 year-3 year in laryngeal tuberculosis and cancer.

5. The location of the lesion is between the anterior 1/3 and middle 1/3 in vocal nodule and polyp and papilloma, middle 1/3 and posterior 1/3 in postintubation granuloma, and is diffusely spread on the entire vocal cord in laryngeal tuberculosis and cancer.

6. The side of the lesion is bilateral in vocal nodule and papilloma and the ratio of right to left is 5:3 in vocal polyp, 2:1 in postintubation granuloma.

7. The size is 1~2mm(67%) in vocal nodule, 3~5mm(42%) in vocal polyp, 6~10mm(67%) in postintubation granuloma, 1~2mm(39%) in papilloma, more than 10mm in tuberculosis and cancer.

8. Among the symptoms, the hoarseness is in more than 90% of disease entity, the sore-throat in tuberculosis and cancer, the

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