

6) 삼출액의 특성은 15세 이하의 소아에서는 점액성이 84.2%로 많았고 성인에서는 장애성이 62.5%로 많았다.

7) 수술 전 기골도차는 21~30dB가 48귀(30.6%)로 제일 많은 비율을 차지하고 있었으며 평균 25.3dB이었다.

8) 수술 후 청력증치는 10dB 이상 증가한 경우가 24귀(72.7%)로서 평균 17.2dB였다.

9) 합병증으로는 감염이 37귀(23.6%) 무기화 3귀(1.9%) 과립조직의 증식 2귀(1.3%) 영구천공 2귀(1.3%)의 순이었다.

10) 수술 후 감염증이 있었다 37귀 중 수술 직후부터 계속되었던 경우가 19귀(51.4%), 도중에 발생한 경우가 18귀(48.6%)였으며 이들 중 26귀(70.3%)에서는 대증요법으로서 치유되었으며 11귀(29.7%)에서는 통기관을 제거한 후에야 감염증이 치유되었다.

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삼출성중이염의 임상적 고찰

—특히 구개인두편도절제술을 요하는 소아와의 관계—

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전병권 · 배정수 · 김백순

1979년 7월부터 1981년 8월까지 부산 침례병원이 개원후과에 내원한 환자중 삼출성중이염으로 진단된 95명(159귀)에서 임상적인 고찰을 했으며, 고막절개외 중이내 튜브 유치술을 시행한 성인 및 소아군과 T & A 검 동시에 시행한 소아군을 비교 검토하여 다음과 같은 결과를 얻었다.

1) 성별 분포는 남자가 48례, 여자가 47례로 차이가 없었고 연령 분포는 6~10세 군이 34례(35%)로 가장 많았다.

2) T & A 를 요하는 소아중 14%가 삼출성중이염으로 진단되어 고막절개 및 중이내 튜브 유치술을 동시에 시행했고 이는 같은 기간중의 삼출성중이염 환자의 19%에 해당했다.

3) 양측성(67%)이 일측성(33%)인 경우의 두배였고, 소아환자에서는 양측성이 88%로 현저했으며

T & A 를 요하는 소아군에서는 전부가 양측성이었다.

4) 중이내 저류액의 성상은 장애성이 49%, 점액성이 33%, 농성이 5%, 현성이 3%였었고 성인군에서는 장애성이 59%였으나 소아군(15세 이하)에서는 장애성(41%)과 점액성(43%)의 빈도가 비슷했다.

5) 수술 전 Tympanogram 은 A형이 6%, B형이 91%, C형이 3%였고 이상 Tympanogram(B형 혹은 C형)이 출현 빈도는 T & A 를 요하는 소아군(95%)과 요하지 않은 소아군(95%)에서 동일했으며 성인군에서는 93%였다.

6) 고막절개 및 중이내 튜브 유치술후의 기도청력은 T & A 검 동시에 시행한 소아군에서 더욱 개선되었다.

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비강 및 부비동에 발생한 반전성 유두종 1례

인제의대

권혁진 · 박호선 · 윤병용

비강 및 부비동의 점막에서 발생하는 양성상피종양인 반전성 유두종은 비교적 드물며 1854년 Ward에 의해 처음으로 기술된 이래 여러 학자들에 의해 본증이 논의되어 왔으나 한국에서는 그 보고례가 매우 드물었다.

병리조직학적으로 양성인 이 종양은 비강이나 골 및 수위조직의 파괴성 병변이 빈번하고 수술 후 재발이 잘되고 드물게 악성으로 변하는 성질을 나타내므로 임상적으로는 악성으로 알려져 왔다. 일단 반전성 유두종으로 확진되게 되면 가능한 한 광범위한 절제가 필요하며 수술 후에도 계속적인 추적조사가 필요하다고 하겠다.

최근 저자들은 비색색, 종류감을 주소로하여 내원한 48세된 남자환자에서 우측비강, 상악동에서 발생하여 국소적으로 악성화 변화를 일으킨 반전성 유두종 1례를 비내 및 Caldwell-Luc 식 방법으로 절제후 Bleomycin 정맥주사, 5-FU 국소분무요법 및 방사선요법(Co⁶⁰)을 병용하여 좋은 결과를 얻었기에 이를 문헌적 고찰과 함께 보고 하는 바이다.

2) In age distribution, 6 to 10 year old group was most numerous up to 42 cases (43.3%) and 20 years and over was 23 cases (23.5%)

3) In adult group SOM tend to be involved unilaterally whereas young child group had tendency involving bilaterally.

4) 49 cases (50.05%) were associated with tonsillitis and adenoid vegetation, 15 cases (15.5%) were associated with sinusitis, 4 cases (4.1%) had nasal allergy.

5) In preoperative otoscopic findings, 62 ears (47.7%) had retraction, 37 ears (23.6%) had bulging, 34 ears (21.7%) had color change, and 29 ears (19.7%) had no significant findings.

6) In characteristics of middle ear fluid, child group was tend to have mucinous content (84.2%) while adult group had serous content (62.5%).

7) Average preoperative air-bone gap of pure tone was 25.3 dB.

8) 24 ears (72.7%) had over 10 dB of postoperative hearing gain and average hearing gain was 17.2 dB.

9) There were 44 ears (28.1%) of complications. Among them 37 ears (23.6%) had infection, 3 ears had atelectasis, 2 ears had granulation tissue, 2 ears had permanent perforations.

10) Among 37 ears suffered from post-op. infection, 19 ears (51.4%) had initial infection just after insertion of ventilation tube, 18 ears (48.6%) were infected during the course of post-ventilation tube.

Of 37 infected ears, 26 ears (70.3%) responded to conservative care, while 11 ears (29.7%) was cured after removal of ventilation tube.

**Clinical Observation of Middle Ear Effusion
Especially in Relation to Children needed
Adenotonsillectomy**

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Clinical findings for 95 patients (159 ears) of MEE (middle ear effusion) treated at Wallace Memorial Baptist Hospital (Busan) from July 1979 to August 1981 were observed. A group who was treated with myringotomy and ventilation tube insertion was compared with another group of children treated with adenotonsillectomy at the same time. The following are the results:

1) The sex distribution showed 48 male and 47 female, and the age distribution was most common in the ages from six to ten (34 cases, 35%).

2) MEE of children treated with adenotonsillectomy in the same duration was 18 cases (14%), and it was 19% of all MEE patients.

3) Bilateral effusion (67%) was as twice as unilateral cases (33%). In children, bilateral effusion (42 cases, 88%) was predominant, and MEE in adenotonsillectomized children was bilateral in all cases.

4) The nature of middle ear fluid was 49% serous exudate, 33% mucoid exudate, 5% purulent and 3% bloody fluid. Serous exudate was 59% in adult group, but serous (41%) and mucoid exudate (43%) was similar incidence in children.

5) In the preoperative tympanogram, there

were 6% with type A, 91% with type B, and 3% with type C. The incidence of abnormal tympanogram (type B or C) was same in MEE patients of adenotonsillectomized children (95%) and the other children group (95%), and it was 93% in adult group.

6) Treatment by myringotomy and ventilation tube insertion resulted in postoperative improvement in air conduction hearing acuity especially in adenotonsillectomized children.

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A Case of the Inverted Papilloma of the Nose and Paranasal Sinuses

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Inverted papilloma arising from mucous membrane of the nasal cavity and paranasal sinuses is very rare benign neoplasm.

Ward first described nasal papilloma in 1854, but its infrequent occurrence has delayed accurate understanding.

This tumor was histologically benign neoplasm and clinically malignant, because it is locally invasive with extensive bone erosion at times and it shows a high incidence of local recurrence, and change of squamous cell carcinoma was sometimes found.

Recently, the authors have experienced a case of inverted papilloma with focal squamous cell carcinoma change which occupied the right side of the nasal cavity and maxillary sinus in a 48-year-old male.

The tumor mass was removed surgically through intranasal and Caldwell-Luc's approach, and then was treated with systemic administra-

tion of Bleomycin, local spray of 5-FU and radiotherapy (Co⁶⁰).

We report our case with review of current literatures.

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A Case of Lip Reconstruction

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The lips play an important role of passage of food as well as articulation and production of intelligible speech. So, the orbicularis oris muscle which composes the lip must act as a sphincter for the right structure. Also, the muscle conforms to the shape of the lips to make words. The surrounding cheek muscles antagonize and synergize to position the orbicularis oris sphincter. It is highly significant from the standpoint of reconstruction that the surrounding muscle can be separated from the orbicularis oris muscle without loss of sphincteric competence as long as the facial nerves and vessels remain intact.

The authors performed the reconstruction of a lower lip defect due to human bite and achieved an excellent result from a functional and cosmetic aspect.

This report with the literature is herewith submitted.

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