

symptoms 을 일으키는 질환의 많은 원인이 allergy 라는 데 착안하여 allergy symptoms 은 호소하지 않았으나 비용증을 동반한 만성부비동염 환자에 수술 및 일반치료를 시행하였으나 얼마후 증상이 재현되어 Rinkels technique 의 allergy test 를 시행 하였다.

특정항원 allergen 에 양성을 보이지는 않았으나 일반적으로 nasal allergy 의 많은 원인이 되는 House dust와 Mold groups 의 allergen 을 이용 (# 2 ~ # 3 Solution) 하여 계속적인 Desensitization 을 시행함으로써 근치에 가까운 효과를 얻었기에 문헌고찰과 함께 보고 하는 바이며 이러한 환자들에게 계속적인 allergy test 상 양성반응을 보이지 않더라도 위의 방법을 적용하여 치료한 결과를 추후 발표드릴 것을 약속드립니다.

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Cis - Platinum 의 이종독증에 관한 임상적 고찰

연세의대

홍원표 · 정명현 · 오혜경 · 이경재

1965년 Rosenberg 등은 platinum electrode 가 platinum 복합물을 형성함으로써 E-coli 의 세포분열과 성장을 억제할 뿐 아니라 항암작용도 갖고 있다는 보고를 하였으며 그 후 Welsch (1971), Speer (1972), Rossof (1972), Hill (1974), 그리고 Wittes 등(1975) 에 의하여 동물 및 임상실험을 통하여 Cis-platinum 이 악성종양 특히 두경부악성종양에 탁월한 효과가 있다는 것이 밝혀짐에 따라서 Cis-platinum 은 단독투여제 또는 Bleomycin, MTX 등 다른 항암제와 함께 병용투여제로써 각광을 받게 되었다.

그러나 Cis-platinum 은 항암효과 이외에 때때로 내이에 영향을 미쳐 회화영역 이상의 고주파에서 청력장애를 초래할 뿐만 아니라 renal tubule 에도 불가역적인 병변을 초래할 수 있다는 보고들이 있어서 우수한 항암효과에도 불구하고 임상에서 사용제한을 받는 경우가 많다. 특히 청력장애에 대하여는 Kohonen 등(1965), Stadnicki 등(1974) 이 guinea pig 에서 Cis-platinum 을 투여한 후에 와우각의 기저부에 중독작용을 보고한 이래 많은 연구가 있었으나 사람에서의 이종독작용은 Piel(1974) 과 Hong 등(1979) 의 보고 등을 찾아볼 수 있을 정도이다.

이에 저자들은 1979년 7월부터 1982년 3월까지 2

년 6개월간 두경부악성종양으로 이비인후과에 입원하였던 환자중 30례에서 Cis-platinum 의 투여전과 투여후의 청력상을 비교해 이종독증의 여부와 그 정도를 규명하고 그 결과를 임상적응에 이용하고자 본 검사를 시행하여 다음과 같은 결론을 얻었다.

1) Cis-platinum 투여전과 투여후 pure tone average, 4000Hz 와 8000Hz 의 hearing threshold, speech reception threshold, PB score, SISI 를 측정하 결과 변화는 볼 수 없었다.

2) Cis-platinum 총 투여량에 따른 청력상에도 변화가 없었다.

3) 투여전에 전음성난청과 감음성난청이 있었던 환자에게 Cis-platinum 을 투여한 후의 청력상을 투여전에 청력이 정상이었던 환자와 비교한 결과 차이가 없었다.

4) Cis-platinum 투여로 인한 혈색소, 백혈구수, 혈소판수는 변화가 없었다.

5) Creatinine Clearance, Creatinine, Uric acid 의 변화를 본 결과 Cis-platinum 투여후에 변화는 없었으나 100mg 을 1 회투여하였던 한 환자에게서 creatinine clearance 가 25ml/min 로써 신중독증을 나타냈다.

6) Cis-platinum 투여시 hydration 에 따른 전해질 특히 혈청내의 K⁺ 치를 측정하 결과 투여전과 차이가 없었다.

7) 이상의 결과로 볼때 Cis-platinum 사용으로 인한 이종독증은 신장기능이 정상일때는 충분한 hydration 으로써 예방이 가능하며 동시에 급기로 알려졌던 감음성난청이 있는 두경부악성종양환자에서도 세심한 주의하에 적절히 사용한다면 좋은 결과를 얻을 수 있을 것으로 사려된다.

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한국인 중이강후벽에 관한 형태해부학적 고찰

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연세의대

김 영 명

중이 병변에 관한 수술적 처치는 그 병소 부위가 고막에 국한되어 있거나 중이강 전벽부 및 내면부의 경우 수술시야가 좋아서 그 처치가 용이하며 술후 청력개선 및

The role of antigen antibody interactions (allergy) in sinusitis is not completely understood ; however, patients with allergic rhinitis and nasal polyps have a high incidence of sinusitis.

Recently authors have experienced two cured cases of nasal polyposis combined with chronic sinusitis by allergy therapy, that cases were treated only allergy thereapy after Caldwell-Luc operation with ethmoidectomy and polypectomy.

At now cases were not recur of nasal polyps and nasal symptoms.

So the cases were reported with a brief review of literature.

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Ototoxic Evaluation of Cis-platinum

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In 1965, Rosenberg reported that platinum compounds not only inhibit growth and cell division of *E. coli* but also has anti-tumor activity. Since then, through animal and clinical experiments by Welsch(1971), Speer(1972), Rossof(1972), Hill(1974), and Wittes(1975), it was proved that Cis-platinum has excellent suppressive effects on malignant tumor, especially on head and neck cancer. Accordingly, Cis-platinum is now widely used, sometimes without any other durg, or sometimes with Bleomycin and Methotrexate etc. In spite of the strong anticancer effect, the use of Cis-platinum is quite often discouraged because of the reports that Cis-platinum causes auditory impairment at high frequencies above the speech range due to inner

ear damage and irreversible change in the renal tubules. Since Kohonen et al(1965), Standnicki et al(1974) reported that Cisplatinum has toxic effects at the basal turn of the cochlea using guinea pig, many studies on ototoxicity after infusion of Cis-platinum have been carried out using animals. But the studies on ototoxicity in human beings can hardly be found except in reports by Piel et al(1974) and Hong et al (1979). So the authors did a study which tried to clarify the ototoxic effect by comparing the hearing level after infusion of Cis-platinum with the hearing level before infusion of Cis-platinum in 30 patients who was treated with Cis-platinum and admitted to the dept. of otolaryngology of Yonsei University Hospital during 2 years and a half from July. 1979 to March. 1982 and the following results were obtained.

1) The results of auditory evaluation, using the pure tone average, hearing loss of 4kHz and 8kHz, Speech Reception Threshold, PB score, SISI showed that the difference of dosage does not change the hearing level after infusion of Cis-platinum and before infusion of Cis-platinum.

2) Cis-platinum had no effect on the hearing level of patients with conductive hearing loss, or with sensorineural hearing loss, as well as with normal hearing level.

3) The infusion of Cis-platinum did not cause any change in creatinine clearance, creatinine, uric acid, but only one case showed that Cis-platinum caused severe nephrotoxicity.

4) The infusion of Cis-platinum did not cause any change in hemoglobin, leukocyte count, platelet count and there was no correlation with the amount of infusion.

5) To see the side effect of hydration practiced with the infusion of Cis-platinum, the electrolytes, particularly the K level in the

serum was measured. But the results did not show any change.

6) Judging from the results of this study mentioned above, ototoxicity caused by infusion of Cis-platinum can be prevented by sufficient hydration. Also the results might say that the appropriate method of infusion of Cis-platinum might be effective in the patients with head and neck cancer who had sensorineural hearing loss for whom the infusion of Cis-platinum has been absolutely contraindicated.

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An Anatomical Study of the Posterior Tympanum

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The sinus tympani is subject to great variability in the size, shape and posterior extent. A heavy compact bony zone, especially in the posterior portion and the narrow space between the facial nerve and posterior semicircular canal are the limitation of surgical approach.

The facial recess should be opened, creating a wide connection between the mesotympanum and mastoid in the Intact canal wall tympanoplasty with mastoidectomy. The surgically created limits of the facial recess are the facial nerve medially, the chorda tympani laterally and the bone adjacent to the incus superiorly.

Using adult Korean's thirty-five temporal bones, the authors measured the osteologic

relationship in the posterior tympanum, especially sinus tympani and facial recess.

The result was as followed.

1. The average distance from the anterior end of the pyramidal eminence.

1) to the edge of the sinus tympani directly posterior was 2.54(1.05-5.40) mm.

2) to the maximum posterior extent was 3.22(1.25-7.45) mm.

3) to the maximum cephalad extent was 0.67 (0.40-1.75) mm.

2. The boundary of the sinus tympani was 82.9% from the lower margin oval window to the upper margin round window niche.

3. The deepest part of the sinus tympani was 62.9% in the mid portion, between the ponticulus and subiculum.

4. The oblique dimension from the fossa incudis above to the hypotympanum below was 8.13(7.90-9.55) mm.

5. The transverse dimensions midway between the oval window above and round window below was 3.00(2.85-3.45) mm.

6. The transverse dimension at the level of the fossa incudis was 1.81(1.40-2.15) mm.

7. The facial nerve dehiscence was 14.3%.

8. Anterior-posterior diameter of the footplate was 2.98(2.85-3.05) mm.

9. The average distance from the footplate.

1) to the cochleariform process was 1.42(1.35-1.55) mm.

2) to the round window niche was 1.85 (1.45-2.10) mm.

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