

9) 적출술조작으로 인한 합병증은 기관발거 곤란증과 기흉이 각각 2예(8%)이었다.

Decannulation Difficulty의 치험례

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안희영 · 차창일 · 박경유

기관발거 곤란증은 주로 외상으로 인한 경우가 많으나 의인적인 기관손상, 즉 high tracheostomy, 부적절한 cannula 사용, 2 차감염, 육아조직생성 및 기관전벽의 광범위한 결핵등과, 기타 정신적인요소등이 그 원인으로 알려져 있으며 치료로는 steroid 사용, stent 삽입, 기관공확장술 및 협착부위를 절제한후 단단 봉합하는등의 방법이 알려져 있다.

최근 저자들은 2세된 남아에서 기관지 이물제거를 위해 기관절개술을 시행한후 발생한 기관발거 곤란증환자에서 Silicon T-tube 를 사용하여 치유한 예를 문헌고찰과 함께 보고한다.

갑상연골 골절로 인한 성대마비의 치험례

경희의대

조진규 · 차창일 · 안희영 · 조중생 · 홍남표

후두외상의 손상은 그 정도나 범위에 따라 차이는 있지만 주요 후유증으로는 기도폐쇄, 부종, 주위조직의 붓외직염 및 농양, 누공, 후두연골 및 연골지막염, 만성 후두협착, 성대마비, 기관발거곤란증, 성음장애 등을 들 수 있고, 일반적인 후두외상의 치료방법은 일차적으로 신속한 기도유지를 위한 처치를 한 다음 상기 각 후유증에 따르는 이차 시술을 시행하는것이 보통이다.

최근 저자들은 교통사고로 인한 후두부 및 경부의 폐쇄적 외상으로 갑상연골 골절과 좌측 성대마비, 연하장애 및 우측 쇄골 골절을 보인 환자에게서 갑상연골 정복술을 시행 후 수술 후 2개월에 상기 증세의 호전을 보인 예를 경험하였기에 문헌고찰과 함께 보고하는 바이다.

氣管成形術 5例

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最近 急速히 增加 趨勢에 있는 各種 産業災害와 交通事故로 인한 심한 身體的 損傷, 心血管系手術 및 呼吸系手術 등을 받은 患者에서 氣道維持를 위해 使用되는 氣管内挿管과 氣管切開術의 後遺症 또는 頸部外傷으로 發生하는 外傷性 氣管狹窄의 頻도가 점차 높아짐에 따라서 이에대한 治療로 氣管成形術이 主目할만한 關心을 보여주고 있다. 氣管成形術의 方法으로는 損傷된 氣管의 位置나 크기에 따라 여러가지가 있으나 部分切除 및 端端吻合術, 頸部被膜과 自家移植物質등을 利用한 再建術을 들 수 있다.

1965年 Grillo가 개에서 環狀切除後 氣管成形術을 施行한 이래 環狀氣管狹窄의 境遇에는 部分切除 및 端端吻合術이 많이 利用되고 있다. 또한 自家移植物質로는 鼻中隔, 肋骨, 耳介의 軟骨이 많이 使用되고 있으며, Consiglio와 Caputo가 耳介軟骨을 利用하여 氣管成形術을 施行한 이래 Morgenstein은 氣管缺損이 있는 患者에서 耳介軟骨을 使用하여 混合移植을 施行하여 成功的인 再建을 報告하였다.

耳介軟骨移植은 耳鼻咽喉科醫師에게는 쉽게 採取하여 活用할 수 있고 親近感이 있는 長點이 있다. 最近 本教室에서는 5例의 氣管狹窄症 患者에서 耳介軟骨移植(2例), 部分切除後 端端吻合術(3例)에 의한 氣管成形術을 施行하여 좋은 結果를 얻었기에 文獻考察과 함께 報告 하는 바이다.

最近 經驗한 喉頭部分切除術 8例

高麗醫大

柳洪均 · 金明鎭 · 李相鶴 · 申洪秀

耳鼻咽喉科領域의 惡性腫瘍中 가장 많은 頻度を 보이는 喉頭癌의 外科的療法으로는 1873年 Billroth가 처음으로 喉頭全摘出術을, 1873年 H. B. Sands가 喉頭部分切除術을 施行한 이래 抗生劑療法, 輸血 및 보다 安全해진 痲醉 등의 全般的인 進歩로 手術後 보

A Double-coin in esophagus

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Foreign bodies in air and food passages are not uncommon conditions in otolaryngological field and we can find out numerous causes of esophageal foreign bodies in literatures.

Radiological examination is essential and important method in diagnosis of foreign bodies in esophagus.

The authors experienced a case of foreign body double coins, in esophagus in a 4-year-old girl and the authors emphasizing that in cases of esophageal foreign bodies radiological examination should always be included lateral view as well as anteroposterior view of neck especially when coins in the esophagus is suspected.

A Clinical Study of the Foreign Body in the Air Passage

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A clinical study was done on 24 cases with foreign body in the air passage, who were treated at the department of otolaryngology of Kyung Hee university hospital during the period from Apr. 1973 to Feb. 1983.

The obtained results were as follows :

1) The incidence of sex was much higher in male than female and children under 4

years old were predominant.

2) Almost of all patients came in the hospital within 3 days after onset. However one patient came in hospital 5 months later.

3) The variety of foreign body was numerous, among which vegetables and plastic materials were most frequently found.

4) The most common sites of lodgement were trachea and right main bronchus.

5) The common clinical manifestations were dyspnea, decreasing breathing sound and cough. Negative X-ray findings did not exclude a foreign body in the air passage.

6) The important pulmonary complications due to foreign body were atelectasis, emphysema and pneumonia.

7) Foreign body was successfully removed by use of peroral or inferior endoscopy in all cases except one case, on whom thoracotomy was done.

8) The important complications due to the surgical procedure were decannulation difficulty and pneumothorax.

A Case of Decannulation Difficulty

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The most common cause of the decannulation difficulty is the trauma. This may be accidental, iatrogenic such as prolonged intubation, high tracheostomy, secondary infection, formation of granulation tissue, improper use of cannula and wide resection of anterior tracheal wall. Another common cause is psychologic dependency. Treatments may be categorized into dilatation with or without injection of steroid, dilatation and prolonged stent, luminal augmentation and resection of the stenosis with primary reanas-

tomosis.

Recently authors experienced a case of the decannulation difficulty in a 2-year-old which was developed after tracheostomy for the removal of bronchial foreign body and was treated with a silicon T-tube stent with good result.

— 28 —

A Case of Thyroid Cartilage Fracture with Vocal Cord Paralysis

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Complications and sequelae of the laryngeal trauma are respiratory difficulties, edema or swelling, cellulitis or abscess, fistula, perichondrium and chondritis, chronic laryngeal stenosis, vocal cord paralysis, decannulation difficulty, and impaired voice production etc.

Generally, the treatment of laryngeal injuries consists of initial tracheostomy for adequate airway and later surgical intervention for its complications and sequelae

Recently, authors experienced a case of closed laryngeal injury with thyroid cartilage fracture, left vocal cord paralysis, swallowing difficulty and right clavicular fracture owing to automobile accident. With reconstructive surgery for thyroid cartilage fracture, we established an adequate airway, improved swallowing function and better voice production.

— 29 —

5 Cases of Tracheal Reconstruction

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In recent years there has been considerable interest in reconstructive surgery of the trachea for cervical tracheal stenosis developed by complication of endotracheal intubation or tracheotomy, or trauma of the neck.

The methods used to reconstruct the tracheal defects can be repaired with end-to-end anastomosis, cervical flaps, and autogenous graft materials.

Since Grillo had undertaken tracheal reconstruction after circumferential resection in dogs, resection and end-to-end anastomosis was used in cases of circumferential stenosis. And, costal, nasal septal and auricular cartilage have been used for the autogenous graft materials. Since Caputo and Consiglio had undergone tracheoplasty with auricular cartilage, Morgenstein reported successful repair of a tracheal defect with a composite postauricular cartilage graft. The advantages of the auricular cartilage graft are its easy accessibility, availability and familiarity to the otolaryngologist. In past 2 years, We performed the tracheoplasty with auricular cartilage graft and end-to-end anastomosis after segmental resection in 5 patients who had suffered from tracheal stenosis. And we obtained good results. So, we reported the cases with review of the literatures.

— 36 —