기 타 초 록

— 1 —

외이도에 발생한 골종

대구 가톨릭병원
이양선 · 박윤이

외이도 골종(osteoma)은 임상적으로 고실륜측두골 인상부 봉합선에서 발생하는 분리성, 莖性 종양으로 이것은 양성이지만 크기가 서서히 증대되어 외이도를 폐쇄하여 청력장애를 초래한다.

이것과 유사한 것으로 외골종(exostoses)도 있지만 이것은 다발성, 양측 대칭성으로 발생하는 데 이것은 고실륜을 포함하고 광범위하게 골이 융기한다.

저자들은 최근 희귀한 상기 외이도 골종을 경험 하였기에 문헌고찰과 함께 보고하는 바이다.

— 2 —

上顎骨에 발생한 濾胞性 齒牙囊腫의 1例

釜山浸禮病院
(지도 : 金 鍾 愛)
裵 貞 守

上顎骨에 發生한 여포성 치아낭종은 埋伏齒의 齒冠部를 함유하여 上顎骨內에 발생한 낭종을 말한다.

저자는 최근에 경험한 左側 上顎骨에 발생한 鳩卵大 크기 즉 용량은 8cc, 직경은 4.5cm, 높이가 2.5cm인 여포성 치아낭종을 口唇下粘膜切開로 완전히 제거하였기에 문헌고찰과 함께 보고하는 바이다.

— 3 —

사골동 이물 1증례

광주기독병원
이경신 · 조순흠 · 구승룡 · 정채식 · 고광련

부비동내의 異物은 흔히 경험할 수 없는 것으로 그 발생원인은 총기및 폭발물 사고, 교통 사고등 외상성 사고로 인한 것과, 부비동 수술시 의료기구의 잔존에 의한 의인성 사고로 나눌 수 있다.

외상성 사고로 인한 부비동내 이물의 발생을 보면 상악동이 가장 흔한 것으로 되어 있고, 전두동, 사골동, 접형동 순으로 되어 있다.

최근 저자등은 약 8년간의 비폐쇄증 및 농성비루를 주소로 내원하였던 환자에서 좌측 사골동내에 30여년 이상 체류되었던 1×0.5cm 정도의 탄알파편을 경험하였기에 문헌적 고찰과 함께 보고하는 바이다.

— 4 —

측두골 골종 1례

광주기독병원
이경신 · 구승룡 · 조순흠 · 정채식 · 고광련

골종은 1586년 Veiga에 의해 처음 기술되었는데 그 원인에 대해서는 아직 학설로 남아 있는 상태이다. 진성의 골종은 주로 유양돌기나 측두골에서 나타나지만, 그 예가 비교적 희귀하다고 하겠다.

이 골종은 양성으로서 서서히 커지며 성숙된 골세포에 의하여 구성된 경우가 대부분이다.

치료는 환자에게 증상이 나타날 때 그 적응이 된다.

저자들은 우측 측두골의 골종으로 약 18년간 이후부의 제속적인 종창, 골부외이도의 폐쇄, 농성이루 및 청력감소를 초래한 환자를 경험하였기에 보고하는 바이다.

— 5 —

비중격에 발생한 혈관섬유종 1례

인제의대
권혁진 · 박호선

혈관섬유종은 비교적 희귀하며 주로 성장기 남성의 비인강에 발생되고 있으며 병리조직학적으로는 양성

Miscellaneous

ABSTRACT

— 1 —

Osteoma of the External Auditory Canal

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Osteomas of the external auditory canal are considered clinically to be discrete, pedunculated bone lesions arising along the tympanosquamous suture.

They are benign lesions but often are slowly progressive growth in size which eventually resulted in obstruction of the external audtory canal when this occurs the patient will camplain of deafness.

Exostoses, similar to the osteoma, are broad based elevations of bone usually multiple and bilaterally symmetric, involving the tympanic bone.

Recently, the authors have experienced a case of osteoma of the external auditory canal, and so report with some reviews of the literatures.

— 2 —

A Case of Follicular Cyst on the Maxilla

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The author has experienced a case of follicular cyst affecting the left Maxillar which was diagnosed clinically and histopathologically.

This cyst was treated successfully by surgery which was done through sublabial route.

I report this case with review of the literature.

— 3 —

A Case of Foreign Body in the Ethmoid Sinus

Gyeong Shin Rhee, M.D., Soon Heum Cho, M.D.,
Seung Yong Koo, M.D., Chai Sik Chung, M.D.,
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Foreign bodies in the paranasal sinuses are not commonly observed.

Recently, we have observed an interesting case of metalic foreign body (a fragment of bullet) which remained in the posterior part of the left ethmoid sinus for about 30 years, and report here now with a review of literature.

— 4 —

A Case of Osteoma of the Temporal Bone

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According to Teed, the first report of osteoma in the literature was by Veiga in

1586.

There was no satisfactory explanation of its etiology.

True osteomas may occur in the mastoid and temporal bone, but they are relatively rare. These tumors are benign, slow growing and composed predominantly of mature bone. Treatment is indicated for symptomatic osteoma.

The authors experienced a case of osteoma of the temporal bone which had revealed a progressive posterior auriular swelling, obstructed bony ear canal, chronic ear discharge and hearing loss for about 18yrs in right side.

— 5 —

A Case of the Angiofibroma of the Nasal Septum

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Angiofibroma in otorhinolaryngologic field is rare, highly vascular and non-metastatizing benign tumor.

It was noted as histologically benign but clinically malignant tumor because of the anatomical site, severe bleeding in surgery and recurrence in incomplete removal.

It occurs almostly in nasopharynx of adolescent males.

Recently, the authors have experienced a very rare case of angiofibroma which occupied the nasal septum in a 37-years-old-male with complaints of nasal obstruction and frequent nasal bleeding.

The tumor mass was removed surgically through intranasal approach under local anesthesia.

We report our case with review of current literatures

— 6 —

A Case of Pierre-Robin Syndrome

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In 1923 Pierre-Robin first described the triad of micrognathia, glossptosis and high-arched or cleft palate. Respiratory distress is not an uncommon occurrence and requires prompt and appropriate treatment. The syndrome occurs once in approximately 50, 000 births. Although the etiology of the syndrome is obscure, it is known that the syndrome probably results from a primary deficiency early in fetal life of mandibular development.

The symptoms of airway obstruction develop as the base of the tongue falls posteriorly and approximates the posterior pharyngeal wall because of micrognathia, and is aggrevated when the infant is in the supine position.

The problems of mild airway obstruction can be solved by keeping the infant in the prone position. In case there are feeding difficulties, prompt glossopexy should be preformed as airway is aggrevated, but tracheostomy is best avoided. There is some forms of glossopexy including Douglas operation, the insertion of Kirschner wire and Duhamel suture.

We identified micrognathia, glossoptosis and high-arched palate in a 2-month-old infant who was brought to our hospital with complaints of dyspnea and feeding difficulties, and we reports this case, since we think this infant whom we observe after tracheostomy because we found Duhamel suture could not relieve the symptoms of airway obstruction as Pierre-Robin syndrome.