

료도가 높아, 후두전적출술후 음성재활요법으로서 추천할 만한 방법으로 사료되었다.

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갑상선 전절제술 및 근전절제술의 안전성에 대한 검토

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Over a 10-year period(1981-1990), 111 consecutive total thyroidectomies and 81 near-total thyroidectomies were performed for variable thyroid disease. In total thyroidectomy group(Group I), 58 complications(52.3%) and in near-total group(Group II), 11 complications(13.6%) were observed. Transient hypoparathyroidism was a leading complication in both groups(47 of group I, 5 of group II). Permanent hypoparathyroidism was observed in 4 patients in group I and 2 in group II. In group I, there was only one recurrent laryngeal nerve injury and in group II, 3 recurrent nerve injuries were observed. In group I, 13 patients underwent thyroidectomy alone were complicated with only 2 transient hypoparathyroidism. But the wider the area of dissection, the more the complication was observed(central node dissection, CCND : 26/49, CND plus any type of functional neck dissection, CCND + FND : 15/38 and classical neck dissection, RND : 9/9). In group II, similar tendency was observed(thyroidectomy alone : 0/11, CCND : 5/42, FND : 5/25, RND : 0/3).

The relationship between complication rates and stage of lesions revealed that 44 patients whose lesions limited in thyroid capsule showed only 5(11.4%) transient hypoparathyroidism but 67 whose lesions beyond the capsule showed 53(79.1%) complications in group I. In group II, 30 patients whose lesions limited in thyroid capsule showed only one(3.3%) recurrent nerve injury but 51 cap-

sular invasion group, 10(19.6%) complications were observed.

These data suggest that the morbidity of total or near-total thyroidectomy relates primarily to the stage of lesions and extents of node dissections rather than thyroidectomy itself. The low permanent complication rate also suggest the feasibility of total thyroidectomy with an expert's hands and in more serious conditions where postoperative complications are more apt to or in operations to be performed by other than experts, a near-total thyroidectomy can be substituted for total thyroidectomy.

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두경부 암 환자에서 병발된 위암 2예

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두경부암은 흡연과 음주 인구의 증가로 인해 발생빈도가 증가추세에 있으며 연령도 조기화하는 추세이다. 최근 치료방법의 발달로 생명 연장이 기대되고 있으나 재발 및 이차암(second primary tumor) 발생이 중요사인으로 알려져 있다. 특히 이차암 발생은 다른 두경부 부위뿐 아니라 폐, 식도에 주로 발생하며 추적 검사의 대상이 된다. 그러나 우리나라에서는 위암의 발생율이 제1위이기 때문에 두경부암 환자에서도 위암 발생율이 높을것으로 기대되나 이에 대한 조사결과는 아직 없다.

저자들은 가톨릭의대 강남성모병원에서 치료했던 두경부암 환자중 위암이 병발된 2명을 경험하였다.

증례 1 : 60세 남자환자가 좌측 두통과 청각 장애를 주소로 내원하여 1989년 10월 좌측 비인두부 조직 생검결과 Nasopharyngeal Cancer(squa-