

2. 年齡은 3個月부터 52세 사이였으며, 1세부터 5세 까지가 58%로 가장 많았다.

3. 主症狀은 咳嗽; 68%, 呼吸困難; 52%, 青色症; 18% 順이었다.

4. 氣道異物 診斷時 病歷이 確實한 경우는 66%이었다.

처음 誤診率은 28% 이었으며 그中 57.1%가 上氣道 感炎으로 인한 誤診이었다.

5. 처음 來院時 聽診上 呼吸音 減少가 46%로 가장 많았으며 그 다음 喘息音이 24%, 正常이 26%이었다.

放射線 檢査上 肺氣腫이 82%, 肺不全擴張이 20%이 었으며, 正常範圍가 18%이었다.

6. 來院까지의 期間은 24時間以內가 48%로 가장 많 았으며, 가장 오래된 것은 1년반 이었다.

來院後 除去까지의 期間은 24時間 以內가 68%이며 가장 오래 걸린 例는 9日이었다.

7. 治療는 氣管切開한 경우가 24%로 그中 75%가 植物性 氣道異物이었다.

Ventilating bronchoscopy 로 治癒된 경우는 72%이 었으며, 自然排出된 경우가 8%, 氣管切開瘻으로 自然 排出된 경우가 6%, 開胸術로 治癒된 경우가 6%, 그 외 死亡, 喉頭直達鏡, 氣管直達鏡에 의한 除去가 각각 2%이었다.

8. 氣道異物の 종류는 植物性 46%, 金屬性 28%, 프 라스틱 18%, 動物性 8%이었다.

9. 異物の 所在는 氣管 16% 右側氣管支 52%, 左側 氣管支 28%, 未詳 4%이었다.

9. 氣管支內視鏡下에 施行한 組織生檢에 對한 考察

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1968年 Ikeda 가 처음으로 flexible fiberoptic bron- choscope 를 소개한 후 기관지경의 利用은 急速히 확대 되었다. 이에 따라 氣管支鏡檢査中에 診斷을 目的으로 하는 組織生檢도 빈번히 施行하게 되었다.

著者들은 1976年 6月부터 1978年 1月까지 施行한 233 例의 氣管支鏡檢査中 組織生檢을 施行한 71例를 分析 觀察한 바 다음과 같은 結果를 얻었다.

1. 20個月간 의뢰된 233例의 氣管支鏡檢査中 組織生 檢이 必要했던 경우는 30.5%인 71例이었다.

2. 組織生檢이 必要했던 71例의 主訴는 咳嗽(17例), 呼吸困難(16例), 咯痰(15例) 등이 全體의 60%를 차지 하며 胸痛, 咯血의 順이었다.

3. 組織生檢의 部位는 右上葉氣管支가 21.1%로 제 일 많았고, 左主氣管支, 左上葉氣管支, 右主氣管支, 左下葉氣管支등의 順이었다.

4. 組織生檢이 必要했던 71例의 原因疾患은 肺癌이 80%(57例), 結核이 15%(11例), 惡性中皮腫, 炭粉症, 麴菌症(aspergillosis)등이 各 1例이었다.

5. 肺癌이 生檢結果 확진된 것은 57例中 36例로 63% 의 診斷率을 보였다.

6. 肺癌으로 確診된 36例의 病理學的 所見은 扁平上 皮癌이 64%(25例), anaplastic 25%(9例), 腺癌과 分類 할 수 없는 것이 各 1例이었다.

7. 71例中 氣管支造影術을 한 例는 51%인 36例이였 으며, 그 時期는 氣管支鏡檢査前에 施行한 것이 1/4, 後에 施行한 것이 3/4이었다.

8. 71例中 76%(54例)에서, 細胞診斷學 檢査를 併行 하였으며, 이 結果는 PAP class V가 15%, class IV가 7.5%, class III가 1.8%이었다.

10. 耳鼻咽喉科外來에서 施行한 喉頭組織生檢 142例의 臨床統計的 考察

서울의대

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喉頭疾患은 早期診斷 및 治療에 依하여 그 豫後가 크 게 左右되며 確診을 爲하여는 組織生檢이 必須的이다.

著者들은 喉頭疾患의 早期診斷에 도움이 되고자 1973 年부터 1975年까지 3年間 서울醫大附屬病院 耳鼻咽喉 科外來에서 間接喉頭鏡, 또는 喉頭直達鏡下에 喉頭組 織生檢을 施行한 142例에 對하여 臨床統計的 分析考察 을 施行하였으며, 結果는 다음과 같다.

1. 組織生檢例는 總 124例이였으며, 男子 109例(76.8 %) , 女子 33例(23.2%)이었다. 男女比는 3.3 : 1이였 다.

2. 年齡別로는 50代, 60代가 각각 41例(28.8%)로 가 장 많았으며, 40代(19.7%), 30代(11.2%)의 順이었다. 50代, 60代의 男女比는 각각 7 : 1, 6 : 1이었다.

3. 主訴는 哽聲이 127例(89.4%)로 가장 많았으며, 嚥下困難이 7例(4.9%)였고 기타 咽喉痛, 呼吸困難 등 이었다. 哽聲의 發生부터 來院까지의 期間은 平均 8.1

All of the foreign bodies of the air passages (6 cases) were removed by bronchoscopy. Among them, 5 cases under 5 years old were removed by inferior bronchoscopy through tracheostomy site.

7. A statistical Survey of Foreign Bodies in Air and Food Passage (Report V)

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Foreign bodies in esophagus and tracheobronchus should be sometimes treated with emergency and are used to be considered as an important disease in otolaryngologic field.

Interestingly, variety of the incidence and object of foreign bodies have been showed as being changed the mode of life pattern and civilization.

Our department had already reported the statistical survey at first in 1954, successively in 1992, 1963 and 1968, respectively according to the age, sex, variety of foreign bodies, location and duration of the lodgement.

Now, we have experienced the new 186 cases during the consecutive 5 year period from January 1973 to December 1977 and reported as a 5th report comparing with previous reports.

8. The Result of Ventilating Bronchoscopy for the Air Way Foreign Bodies

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The foreign bodies in air way require the emergent managements in the otolaryngologic field, and if the diagnosis and treatment were delayed, unexpected catastrophic situations may occur.

The authors had analysed the airway foreign bodies

of 50 cases which had been ventilating bronchoscopy.

1. In sex distribution, male to female ratio was 2.8 : 1.

2. In the age incidence, 58% were 1~5 yrs.

3. Frequent symptoms, were coughing (68%), dyspnea (52%) and cyanosis (18%) in the order.

4. The significant foreign body histories were noticed in 33 cases (66%). The initial misdiagnosis were 28%, and of which 57.1% were URI

5. In auscultation, decreased breathing sounds were noticed in 46%, wheezing were 24% and 26% were within normal limit.

6. In duration of lodgement, 68% were removed within 24 hours.

7. Tracheostomy were performed in 24%, and foreign bodies were removed by ventilating bronchoscope in 72%.

8. The foreign bodies were vegetable (46%), metal (28%), plastic (18%) and fish bone (8%).

9. The prevalent site of foreign body were right main bronchus, left main bronchus, and trachea in the order mentioned.

9. Clinical Analysis of Tissue Biopsy Under Fiberoptic Bronchoscopy

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Since Ikeda introduced flexible fiberoptic bronchoscope in 1963, use of bronchoscopy was expanded rapidly.

Wide use of flexible bronchoscopy enabled us to get tissue diagnosis with more ease and safety. Authors analyzed 71 cases of tissue biopsy of 233 bronchoscopies from June '76 to Jan. '78 and concluded as following :

1. 233 bronchoscopies of 20 Month duration, cases which needed tissue biopsy were 71 cases (30.5%).

2. Chief complaints of above cases are coughing, dyspnea, sputum, chest pain, hemoptysis in fre-

quency.

3. Biopsy sites were as following in frequency:

Rt. upper lobe, Lt. main bronchus,

Lt. upper lobe,

Rt. main bronchus, Lt. lower lobe.

4. The final diagnosis of biopsied cases were cancer 80%, tuberculosis 15%, and malignant mesothelioma, anthracosis, aspergillosis, were one case each.

5. Among 57 case of lung cancer, biopsy confirmed cases were 36 cases (63%).

6. Pathologic finding of 36 case of Biopsy confirmed lung cancer was as following:

Squamous cell ca : 64% Anaplastic ca : 25%

Adeno ca : 2.8% Unclassified : 2.8%

7. Bronchographies were done in 36 cases (51%), one quarter of cases before biopsy, and three quarters of cases after biopsy.

8. Cytology was requested in 76% of cases with following results:

PAP class V 15%, class IV 7.5%, class III 1.8%.

10. A Clinico-Statistical Study of the Biopsy Result of the Larynx

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The prognosis of the laryngeal diseases is highly dependent on the early diagnosis and treatment. The biopsy finding is inevitable for the confirmed diagnosis. A clinico-statistical survey of the biopsy result of the larynx in 142 cases was done at the Department of the Otolaryngology Seoul National University Hospital during a period of 3 yrs from 1973 to 1975.

Results are as follows

1. Of the 142 cases, 109 cases (76.8%) were males and 33 cases (23.2%) females. Sex ratio was 3.3 : 1.

2. Age distribution shows 41 cases (28.8%) in 5th decade, 41 cases (28.9%) in 6th decade.

3. Chief complaint was hoarseness 127 cases (89.4%), dysphagia 7 cases (4.9%) and sore throat, dyspnea etc. The time lag from the onset of hoarseness to the hospital was 2~6 Months, 56 cases (44.0%), 6 Months~1 yrs, 34 cases (24%), within 2 Months, 17 cases (13.4%) and 15 cases (11.8%) were over 3yrs. Average time lag was 8.1 Months.

4. The site of laryngeal biopsy was 76 cases (53.3%) from true vocal cord, 23 cases (16.2%) from false vocal cord, and 19 cases (13.3%) from epiglottitis.

5. Biopsy result was carcinoma in 69 cases (48.6%), laryngeal nodule in 20 cases (14.0%), laryngeal tuberculosis in 12 cases (8.4%) and non specific inflammation in 7 cases (5.0%).

6. 13.4% of the clinically impressed laryngeal carcinoma proved to be laryngeal tuberculosis, non-specific inflammation etc.

11. The Clinico-Statistical Analysis of Dysphagia

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Dysphagia or difficulty in swallowing is a symptom which indicates the presence of disease or dysfunction.

Because the cause & the original site are variable, it is significant to study the clinicostatistical analysis on 133 cases with complaint of dysphagia during the last one year in the department of Otolaryngology, College of Medicine, Seoul National University.

The results are as follows:

1) Among the total O.P.D. patients (6313 cases), patients complaining the dysphagia are 2.1%.

2) Male to female sex ratio is 1.3 to 1, slightly predominant in male and average are 35.7 years.

3) The duration of chief complaint is about 251 days in average, but excluding the 8 cases with more than year of symptom, it is about 40 days. In detailed analysis of the duration: 67 cases (50.4%) occurred within 1 week: 24 cases (18.0%), 1 week