1) 어음청취역치와 회화음역에서의 순음평균치의 차이는 전음성난청의 경우 그 범위가 −3.3dB～+8.3 dB로 평균 2.4dB의 격차를 보였고 정상인의 경우 그 범위가 −6.7dB～+5dB로 평균 1.9dB의 격차를 보였다.

2) 회화음역의 500Hz, 1,000Hz, 2,000Hz 각 주파수에서의 역치와 어음청취역치간의 차이는 전음성난청의 경우 500Hz에서 평균 6dB, 1,000Hz에서 평균 3 dB, 2,000Hz에서 평균 8.8dB였으며 정상인의 경우 500Hz에서 평균 3dB, 1,000Hz에서 평균 2dB, 2,000 Hz에서 평균 5dB로서 전음성난청과 정상인에서 다같이 1,000Hz에서 어음청취역치와 순음역치의 차이가가장 적었다.

— 5 —

耳鳴환자의 純音聽力檢査에 대한 臨床的 考察

梨花醫大

金鍾男・趙貞蘭

이명은 청기질환의 중요한 증후로 청기질환의 조기 혹은 단독증상으로 존재할 때도 있으나 대부분의 경우에 있어서 난청을 수반하게 된다. 이명의 성립기전은 불분명하나 청기내 혹은 그 중추경로에의 이상자극에 의해 발생한다고 한다.

1978년 1월에서 1980년 12월까지 이명을 주소로 이대부속병원 이비인후과에 내원한 환자중 순음청력검사를 시행한 111명을 임상적 분석및 고찰을 하였다.

1) 성별분포는 남자가 52.2%, 여자가 47.8%로 남자가 약간 많았고 연령은 21세에서 30세까지가 가장 많아 28.8%였다.

2) 발병기간은 1달에서 1년까지가 가장 많아 31.5%였다.

3) 이명만을 호소하였던 환자는 11명(10.0%)였으며 대부분인 72%에서는 수반증상으로 난청을 호소하였다

4) 38.7%의 환자에서는 양측, 32.4%는 좌측, 28.9 %는 우측의 이명을 호소하였다.

5) 고막소견은 48.0%에서는 정상고막소견을 보였으나 33.1%에서는 내함, 8.4%에서는 고막천공이 있었다.

6) 청력소실정도는 29.2%에서 정상이었고 22.7%에서는 중등고도의 청력소실이 있었다.

7) 청력상을 보면 33.1%에서 고음장애형이었고 수평형은 33.0%, 저음장애형은 11.9%였으며 C_5 dip은 11.0%에서 있었다.

8) 난청의 종류는 감각신경성난청이 가장 많아 46.9 %, 혼합성난청이 33.1% 전도성난청이 20.1%였다.

— 6 —

慢性中耳炎에 대한 Pipemidic Acid의 治療效果

全南醫大

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지난 약 半世紀에 걸쳐서 Penicillin을 비롯하여 많은 抗生劑 및 化學療法劑의 登場으로 急性 惑은 慢性中耳炎의 治療에 많은 도움을 주었다.

그런데, 近來에 이같은 藥劑의 無節制한 使用 및 誤用으로 因한 耐性菌의 出現과 菌交代現狀 等으로 治療에 困難을 겪고 있는 實情이다.

演者 等은 慢性的인 耳漏를 主訴로 하여 來院한 慢性中耳炎 患者 50例를 對象으로 無菌狀態下에서 耳漏를 採取하여 菌을 培養 및 동정하였으며 pipemidic acid를 비롯한 여러 抗生劑에 對한 感受性檢査를 시행하였다.

그결과 中耳炎患者 50例에서 staphylococcus aureus 및 epidermidis, pseudomonas aeruginosa 및 putrefasciens, proteus mirabilis, α-hemolytic streptococcus, klebsiella pneumonia, unproved gram negative rod, serratia marcescens, corynebacterium이 檢出되었으며, pipemidic acid를 投與하여 pseudomonas와 proteus에 의한 中耳炎에 좋은 治療效果를 보였으며 staphylococcus를 비롯한 다른 感染菌에도 刮目할만한 治療效果를 나타냈다.

Pipemidic acid는 piromidic acid의 새로운 誘導體로서 gram陽性菌 뿐만 아니라 pseudomonas를 포함한 gram陰性菌에도 著明한 抗菌效果가 있음을 알 수 있었다.

— 7 —

上鼓室 眞珠腫의 形成에 關하여

全南醫大

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後天的眞珠腫의 形成에 있어서 鼓膜의 Shrapnell部

ance were 0.6±0.54cc in the right ear and 0.6±0.53cc in the left ear.

C. The results of stapedial reflex:

a. The mean and its 2 S.D. of the controlateral stapedial reflex at 500Hz, 1,000Hz, 2,000Hz, 4,000Hz were 99±17.7 dB, 87±14.4 dB, 79±13.7 dB, 77±20.0 dB in the right ear and 99±15.9 dB, 88±13.9 dB, 79±13.7 dB, 77±21.3 dB in the left ear. Depending on the tested frequencies, the stapedial reflex wasn't generated in 6 cases in the right ear and 11 cases in the left ear.

b. The mean and its 2 S.D. of the ipsilateral stapedial reflex at 1,000Hz, and 2,000 Hz were 89±16.3 dB, 82±15.9 dB in the right ear and 89±18.0 dB, 83±18.9 dB in the left ear. Depending on the tested frequencies, the stapedial reflex wans't generated in 1 case in the right ear and 2 cases in the left ear.

9. Eustachian tube function using with impedance audiometry was malfunctioned in21 cases depending on the tested pressure and the range of peak level of tympanogram was 14±26.9mm H_2O(tested pressure:+250m m H_2O), 8±21.9mm H_2O (tested pressure:−250mm H_2O) in the right ear and 11 cases depending on the tested pressure and the range of the peak level of tympanogram was 12±22.5mm H_2O (tested pressure: +250 mm H_2O, 9±17.3mm H_2O(tested pressure: −250mm H_2O) in the left ear.

— 4 —

The Correlation Between Speech Reception Threshold and Pure Tone Audiometry

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Speech reception threshold is a base for word discrimination testing, but it also serves as a check for the reliability of pure tone audiogram.

In order to investigate the correlation between SRT and PTA these tests were carried out in patients with conductive hearing loss and normal hearing, using Grason-Stadler 1702 Audiometer.

The results were as follows;

1) The difference between the scores of SRT and PTA's was 2.4 dB with a range of −3.3 dB~+8.3 dB in conductive hearing loss, and was 1.9 dB with a range of −6.7 dB~+5 dB in normal hearing group.

2) The difference between the scores of SRT and each speech frequency of PTA was 6 dB at 500 Hz, 3 dB at 1,000 Hz and 8.8 dB at 2,000 Hz in conductive hearing loss, and 3 dB at 500Hz, 2 dB at 1,000Hz, and 5dB at 2,000Hz in normal hearing group.

— 5 —

Clinical Study for Tinnitus by Pure Tone Audiometry

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The author presents clinical study for 111 cases of tinnitus with pure tone audiometry from Jan. 1, 1978 to Dec. 31, 1980 in department of otolaryngology, Ewha Womans University Hospital.

The results were as follows;

1) Male to Female ratio was as 1 : 1, and peak age incidence was in the age group of 21 to 30.

2) Most frequent duration was 1 month to 1 year in the cases of the tinnitus.

3) The patient who complained tinnitus only was 10.0% and the patient who compl-

ained tinnitus with hearing impairment was 72.0% in the cases of tinnitus.

4) The affected site in the tinnitus, in order of frequency were;

Both ear	38.7%
Left ear	32.4%
Right ear	28.9%

5) The drum finding, in order frequency were;

Normal	48.0%
Retraction	33.1%
Perforation	8.4%

6) The degree of hearing loss in the audiometry were;

Normal	29.2%
Moderate severe	22.7%

7) The shape of hearing impairments were;

High tone loss	46.9%
Flat	33.0%
Low tone loss	11.9%

8) The occurrence of C_5 dip was 11.0% in cases of the tinnitus.

9) The classification of hearing loss were;

Sensorineural hearing loss	46.9%
Mixed hearing loss	33.1%
Conductive hearing loss	20.1%

— 6 —

Therapeutic Effect of Pipemidic Acid on OMPC

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Recently, there has been many problems in the treatment of OMPC, because of inadequate and abuse of antibiotics, and resistant strain of pathogenic organisms to antibiotics.

Authors studied on the culture and sensitivity of otorrhea obtained from 50 patients with OMPC, and evaluated the therapeutic effect of PPA, which is a new derivative of piromidic acid and active against gram(−) bacteria including pseudomonas aeruginosa as well as some gram(+) bacteria.

We observed good therapeutic effect on OMPC with pseudomonas and other gram (−) bacteria, and considerable effect on OMPC with gram (+) bacteria.

— 7 —

Concerning the Formation of the Acquired Cholesteatoma

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Concerning the pathogenesis of acquired cholesteatoma in attic, there has been postulated theories by immigration from the Shrapnell's portion of the tympanic membrane, posterosuperior quardrant of the deep meatal skin and invagination of the margin of the central perforation. Otherwise, squamous metaplasia of the epithelium lining the middle ear cleft has been supported as a possible cause of cholesteatoma.

Clinically, there has been known of the facts that cholesteatoma is formed in the attic but the pathogenesis concerning the acquired cholesteatoma is not still exactly reported.