

한국인 성인의 후두계측에 관한 연구

순천향대학 의학부

박승훈 · 박성남 · 김미자 · 윤희병
정대현 · 장혁순 · 전승하 · 강주원

저자들은 20구의 사체(남: 13, 여: 7)를 통하여 한국인 성인 남녀의 후두를 계측하여 다음과 같은 결과를 얻었다.

(평균치 mm.)

- 1) 설골 대각간의 거리 : 남 52.58 여 43.07
- 2) 설골 소각간의 거리 : 남 36.20 여 30.20
- 3) 감상연골의 횡직경 : 남 50.58 여 42.58
- 4) 윤상연골의 횡직경 : 남 30.14 여 26.94
- 5) 설골 하연과 감상 절흔간의 거리 : 남 12.83 여 10.92
- 6) 감상연골 하연과 윤상연골 하연간의 거리 : 남 16.40 여 10.26
- 7) 감상연골 상연과 윤상연골 하연간의 거리 : 남 34.65 여 34.61
- 8) 윤상연골의 전후 직경 : 남 25.93 여 20.01
- 9) 후두개의 횡직경 : 남 29.32 여 22.08
- 10) 후두개의 수직경 : 남 35.90 여 27.90
- 11) 설형결절간의 횡직경 : 남 17.69 여 13.52
- 12) 성대 추벽의 길이 : 남 11.61 여 10.40
- 13) 성대 추벽의 횡직경 : 남 18.62 여 18.27
- 14) 후두개의 상연과 성대 추벽간의 거리 : 남 42.45 여 34.52
- 15) 성대 추벽의 전후길이 : 남 19.25 여 10.70

Silicone T-tube 挿入으로 治療된 氣管 Cannula 拔去困難症 2例

仁濟醫大

金舜雄 · 權赫進 · 尹秉鎔

最近 文明의 發達과 함께 增加趨勢를 보이고 있는 여

러 形態의 事故(交通事故, 腦卒中 等)時 應急處治의 一環으로 臨床各科에서 施行하고 있는 氣管内 挿管或은 氣管切開術은 生命維持에 있어서 꼭 必要한 基本處治라 하겠다. 그러나 應急이라는 말 그대로 粗急한 手術 및 그에 따른 諸般問題, 術後 不充分한 氣管 cannula 管理, 長期間的 挿管 等으로 因해 여러가지 合病症이 發生될 수 있는 것으로 알려져 있으며, 近者에 와서 特히 耳鼻咽喉科 領域에서 深刻하게 對頭되고 있는 問題가 氣管狹窄症 및 氣管 cannula 拔去困難症이라 하겠다. 이는 二次的 感染 및 肉芽組織의 形成, high tracheostomy, 幼少兒의 解剖學的 構造, 不適切한 cannula의 使用, 氣管 前壁의 廣範圍한 切除, 格外 精神의 要素 等이 原因으로서 作用한다고 한다.

近來 抗生製의 開發과 手術 및 治療方法의 進歩에 따라 그 頻度가 多少 減少되었다고 하나 現在까지도 臨床各科에서 種種 報告되고 있으며 韓國의 洪등은 過去 10年間 氣管切開를 받은 1514例中 23例(1.5%)에서, Mecllland는 389例中 14例中(3.6%)에서 기관형착증이 발생하였다고 하였으며 趙등은 363例中 3例(1%), Meade는 212例中 5%에서 기관 cannula 拔去困難症이 發生하였다고 報告하였다.

治療로서는 크게 나누어서 手術的療法과 保存的療法으로 大別할 수 있는데 保存的療法中的 하나인 silicone T-tube의 使用은 適切한 氣道維持와 함께 挿入하기에 좋은 flexibility 및 輕微한 tissue reaction 等으로 最近 注目을 받고 있다.

著者들은 最近 交通事故로 因하여 神經外科에서 氣管切開術을 施行한 22歲된 男子로서, 術後 4個月만에 氣管切開 部位의 肉芽組織의 增殖 및 2次的 感染으로 因해 發生한 氣管狹窄症 1例와, 落傷으로 因해 氣管切開術을 施行한 5歲된 女兒로서 手術當時 high tracheostomy 및 氣管前壁의 廣範圍한 切除로 因하여 發生되었을 것이라고 思料되는 氣管 Cannula 拔去困難症 1例를 各各 經驗하고, silicone T-tube를 略 3個月間 挿入하여 좋은 結果를 얻었기에 文獻的 考察과 함께 報告하는 바이다.

Recently, the authors experienced 4 cases of uncommon etiology of hoarseness, so we present the cases with the brief review of literatures.

Case 1. 29 years old male

Admitted in Dept. of neurosurgery due to Traffic Accident.

He had a trauma on the anterior neck. Hoarseness was developed on 1 month after the accident.

Laryngoscopic finding; Paramedian paralysis of left vocal cord.

Displacement of left arytenoid cartilage.

Case 2. 53 years old male

Admitted in Dept. of General Surgery due to Clonorchis Sinensis, under the general endotracheal anesthesia, Choledochostomy was performed.

Laryngoscopic finding; Median paralysis of left vocal cord.

Case 3. 56 years old male

Admitted in Dept. of Internal Medicine due to Aortic Aneurysm.

Hoarseness was developed on 3 months prior to admission.

Laryngoscopic finding; Intermediated position paralysis of left vocal cord.

Displacement of left arytenoid cartilage.

Case 4. 74 years old male

Admitted in Dept. of Internal Medicine due to Bronchogenic carcinoma.

Hoarseness was developed on 3 years prior to admission.

Laryngoscopic finding; Paramedian paralysis of right vocal cord.

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Complications of Tracheal and Bronchial Foreign Bodies

**Il Tae Kang, M.D., Ki Chul Shin, M.D.,
Chong Sun Kim, M.D., Hong Ki Kim, M.D.**

*Department of Otolaryngology, College of
Medicine, Seoul National University*

A clinical analysis of complications was done in 72 cases of tracheal & bronchial foreign bodies who had been treated in this department in the past 5 years (1977-1981). Complications were developed in 58 cases (80.6%).

A total number of complications was 93 from 58 patients with average complication rate of 1.6 per case. There were emphysema in 22 cases, atelectasis in 5 cases, pneumonia in one case and combined complication in 24 cases.

We had four fatal cases in our series.

It is our intent to present the result of this analysis with literature review and to stress the importance of early detection & early management.

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Measurement of Various Dimensions of the Larynx in Korea Adult

**Seung Hoon Park, M.D., Sung Nam Park, M.D.,
Mee Ja Kim, M.D., Hee Byung Yoon, M.D.,
Dae Hyun Chung, M.D.,
Hyuk Soon Chang, M.D., Seung Ha Chun, M.D.,
Ju Won Kang, M.D.**

*Department of Otolaryngology Soon Chun
Hyang College, School of Medicine*

The authors have measured various dimensions of the larynx of twenty adult cadavers. (male;

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13, female; 7)

The result were as follows,

1) Transverse diameter between the greater horns of the hyoid bone;

M. 52.58mm, F.43.07mm.

2) Transverse diameter between the lesser horns of the hyoid bone;

M.36.20mm, F.30.20mm.

3) Transverse diameter of the thyroid cartilage; M. 50.58mm, F.42.58mm.

4) Transverse diameter of the cricoid cartilage; M. 30.14mm, F.26.94mm.

5) Distance from the lower margin of the hyoid bone to the thyroid notch;

M. 12.83mm, F.10.92mm.

6) Distance from the lower margin of the thyroid cartilage to the lower margin of the cricoid cartilage;

M. 16.40mm, F.10.26mm.

7) Distance from the upper margin of the thyroid cartilage to the lower margin of the cricoid cartilage;

M. 34.65mm, F.34.61mm.

8) Anteroposterior diameter of the cricoid cartilage;

M. 25.32mm, F.20.01mm.

9) Transverse diameter of the epiglottis;

M, 29.32mm, F.22.08mm.

10) Vertical diameter of the epiglottis;

M. 35.90mm, F.27.90mm.

11) Transverse diameter between the cuneiform tubercles;

M. 17.69mm, F. 13.52mm.

12) Length of the vocal fold;

M. 11.61mm, F.10.40mm.

13) Transvers diameter of the vocal fold;

M. 18.62mm, F.18.27mm.

14) Distance from the upper margin of the epiglottis to the vocal fold;

M. 42.45mm, F.34.52mm.

15) Anteroposterior length of the vocal fold;

M. 19.25mm, F.10.70mm.

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Treatment of Decannulation Difficulty Using Silicone T-tube

Soon Woong Kim, M.D., Hyuk Jin Kwon, M.D.,
Byoung Yong Yoon, M.D.

*Department of Otolaryngology, Inje Medicine
College, Busan, Korea*

The incidence of decannulation difficulty included tracheal stenosis has markedly increased in recent years because of translaryngeal intubation and tracheostomy although advancing antibiotics and new treatment for these problems.

Treatment has always been difficult but in mild cases, a new soft, flexible tracheal T-tube that designed to maintain an adequate tracheal airway as well as to provide support in the reconstructed trachea and in severe cases, transverse resection with subsequent end to end anastomosis has been used in recent years.

Authors experienced 2 cases of tracheal stenosis and decannulation difficulty which developed after tracheostomy that was performed due to automobile accident and fall down respectively and using a silicone tracheal T-tube for 3 months good results were obtained.

So authors reported with brief review of literatures.

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