

survival at 2 years free of disease was 23.7%. An analysis of failure and guidelines for selection of the method of therapy are submitted.

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갑상선 설관낭종에서 발생한 암종 1예

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이 갑 노

갑상선 설관낭종은 태생기에 설골(舌骨)이 발생하면서 소멸되는 갑상선 설관이 계속남아 이것의 주행부위에 낭종이 발생하고 경부로 돌출된 것이다. 즉, 경부 증상에 선천성으로 발생하는 낭종은 대부분이 이 갑상선 설관의 잔유물에 기인하게 된다. 이의 대부분은 양성이며, 여기에서 발생하는 악성종양은 매우 드문 것으로 되어 있다.

저자들은 갑상선에 침범이 없이 갑상선설관 낭종에 발생한 유두상암종(Papillary carcinoma)을 경험하고 이 갑상선설관낭종 절제, 갑상선 절제술 등을 시행하여 치료한 임상예를 경험하였기에 문헌고찰과 함께 보고하는 바이다.

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Cervical Lymph node Metastases of Unknown Primary Cancer

— Clinical Analysis of 37 Cases —

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During the past 14 years 267 patients presented with a lump in the neck proven to be metastatic cancer histologically. In most cases the primary site was discovered by thorough physical examination, E.U.A. (examination under anesthesia) and

radiodiagnostic studies. However in 37 cases complete diagnostic evaluation failed to reveal the primary site. This paper discusses the characteristics of this group of patients in terms of the frequency of the ultimately discovered primary sites: policies for diagnosis, methods of management, and the ultimate prognosis for such cases in Korea. The male:female ratio was 5.2:1 and 84% of all cases occurred in the 51-70 age group. The majority of these cancers were epidermoid carcinomas(67.6%) and 28 of the 37(75.7%) were Stage IV lesions (21 N3A lesions and 7 N3B lesions).

Surgical management was employed in 7 cases only, and in 5 cases this was combined with radiotherapy, chemotherapy, or both. Nevertheless, the only patients who survived disease-free for two years or more (one for over 5 years) were two patients in this management group. None of the patients treated by radiotherapy or chemotherapy of a combination of these two modalities survived. Patients with supraclavicular disease only (6 cases) represent a very poor prognosis group with short survival time.

Primary sites were eventually discovered in 6 of the 37 cases, two in the nasopharynx, and one each in the base of tongue, pyriform sinus, middle ear and lung. Of the 22 cases with epidermoid carcinoma which presented at sites other than the supraclavicular area, 2 are free of disease for 3 years or more. Of those who underwent radical surgery two of five survived. This study thus confirms the principle enunciated by MacComb in 1972 that surgical treatment in the form of radical neck dissection is the cornerstone of management whenever feasible.

