

고(이 중 40례는 추적조사를 실시하여) 임상적으로 다음과 같은 결과를 얻었기에 보고하는 바이다.

1) 발생부위별 빈도는 성문암 32례(62.7%), 성문상부암 18례(35.3%), 성문하부암 1례(2.0%)였다.

2) Stage별 분포는 stage I 1례(2.0%), stage II 9례(17.6%), stage III 33례(64.7%), Stage IV 8례(15.7%)였다.

3) 경부임파절 전이는 전체적으로 29.4%였고 성문암의 경우 T₂에서는 40%, T₃에서는 18.2%, T₄에서는 25%였으며 성문상부암의 경우 T₂에서는 28.6%, T₃에서는 55.5%, T₄에서는 50.0%였다. 잠복성 임파절 전이(occult neck metastasis)는 T₂레에서는 2.5%, T₃레에서는 5%였다.

4) 수술 후 합병증은 기관구 협착 7례(13.7%), 하인두누공 6례(11.8%), 하인두 혹은 식도 협착 6례(11.8%)였다.

5) 현재까지 추적중인 40례중 국소재발은 2례(5%)였고, 원격전이는 폐에 2례(5%), 식도에 1례(2.5%)였다.

6) 3년추정생존율(3 year estimated survival rate)은 72.7%였고, 성문암의 경우 73.3%, 성문상부암 85.7%였다.

9) Epidermoid Carcinoma the Larynx

(Twenty-year Experience with 263 Cases)

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This study is limited to epidermoid carcinoma arising in the larynx. The 263 patients this series comprised 1.6% of all malignant neoplasms seen during the 20-year period from 1965 to 1984; it

comprised 13.2% of all cancers of the head and neck registered during this period. The male:female ratio was 11:1, and the highest incidence was in the fifth decade of life. Analysis by anatomical site revealed that 51.7% were supraglottic, 36.1% glottic, and 6.8% subglottic in origin. One-hundred eighty-nine(79%) were clinically Stage III or Stage IV lesions at the time of the first visit. Of the total of 263 cases, 113 refused treatment, 25 underwent palliative therapy only, and 125 underwent surgical management with intent to cure. This surgical category included 53 patients who had surgical treatment only and 72 who underwent combined therapy (preoperative radiation, postoperative radiation, or inductive chemotherapy followed by surgery and postoperative radiation). The surgical management varied from partial laryngectomy to widefield laryngectomy and ipsilateral neck dissection. In 14.4% pathologically positive node or nodes were found in the clinically negative contralateral neck nodes. Such contralateral spread was most common in supraglottic site of origin(22.2%).

Combined modality of management was compared to single therapy. Although results at three years showed no difference in determinate disease-free survival between patients treated by surgery only and those treated by surgery followed by postoperative radiation therapy, at 5 years a statistically significant difference emerged, only 16.7% of those receiving surgery alone surviving as compared to 33.3% in the surgery+ radiation group.

10) Cancer of the Hypopharynx: Review of Sixteen Years' Experience in Southwest Korea

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Cancer of the hypopharynx arises most often in

the pyriform sinus and produces few symptoms until the disease is moderately advanced. This paper summarizes sixteen years' experience with 62 cases arising in the hypopharynx. Of these 57 were of pyriform sinus origin, three arose in the hypopharyngeal wall, one developed in the post-cricoid hypopharynx, and one in the pharyngopalatine fold. Cancers of the base of tongue, supra-glottic larynx, and cervical esophagus were excluded. A lump in the neck was a presenting symptom in 32 cases, sometimes in association with dysphagia or sore throat, which also was an initial complaint in 32 patients. Hoarseness occurred in 20 cases, bloody sputum in 4 and respiratory distress in 2 cases. Symptoms were most often of 4-6 months' duration. Tobacco exposure was heavy (1 pack a day or more) in 58% of patients, but when the smoking history was recorded this rose to 88%. Forty-seven of the 62 patients were in the fifth and sixth decades of life, and the male: female ratio was 30:1.

Fifteen of the patients refused therapy and only 24 patients underwent surgical management with curative intent. The proportion of patients with Stage IV disease was 87% among those who refused treatment, 78% among those undergoing palliative therapy only, and 67% among those managed with curative intent. Surgery generally consisted of a laryngopharyngectomy with bilateral jugular dissection or with standard radical neck dissection on one side and jugular dissection on the other. Three patients are free of disease less than three years, and five for more than three years. Six patients are lost to follow-up, including patients who were disease-free when last seen. The determine three-years survival (free of disease) is 33%. There was one operative death. Of the 9 patients who developed recurrences, 8 were in the primary cancer site, one was distant. An analysis of the cause of recurrence indicates that in two cases margins of resection were inadequate, node dissection, and in two cases the post-operative radiation therapy dosage was inadequate or delayed.

11) 측경부종괴가 먼저 발현된 갑상선암에 대한 고찰

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갑상선암은 갑상선부위의 종괴로 발견되는 것이 대부분이며, 진행된 경우에는 갑상선부위의 통증, 연하곤란, 애성, 호흡곤란, 측경부임파결절 등의 증상을 볼수 있다. 그러나 임상적으로 갑상선종괴는 측지되지 않으면서 측경부 종괴만을 주소로 내원하여 이 종괴의 생검결과 전이된 갑상선암으로 판명되는 경우가 종종있다. 저자들은 1981년 1월부터 1986년 8월까지 5년 8개월간 갑상선암환자중,

1) 측경부 종괴가 먼저 발현된 경우는 동기간의 전체 갑상선암 238예중 24예로 10.6% 이었다.

2) 19예에서 갑상선주사를 시행하였는데 이중 갑상선내에 종괴가 증명되었던 경우는 8예 (42.5%) 이었다.

3) 측경부 종괴의 위치는 내경정맥 림프절군을 상, 중, 하로 했을때 중위가 8예, 하위가 8예로 16예(66%)가 내경정맥 림프절군에 위치했고, 나머지는 후삼각경부림프절군에 5예, 기타 3예이었다.

4) 조직학적 분류는 papillary adenocarcinoma 가 22예 (91.8%)이었고, 나머지는 follicular adenocarcinoma 1예와 medullary carcinoma 1예 이었다.

5) 갑상선 자체의 암병소는 단발성인 경우가 11예, 다발성이 9예이었고, 암병소를 발견할수 없었던 경우가 4예 이었다.

6) 수술은 갑상선에 대해서는 양측엽전절제술 2예, 동측엽전절제 및 반대측아전절제술 7예, 동측엽전절제 및 협부절제술 6예 이었고, 경부에 대해서는 표준광범위경부곽청술 5예, 변법경부곽청술 11예였으며 이중 양측변법경부곽청술 11예였으며 이중 양측변법경부곽청술은 2예이었고, 내경정맥림파절군을 포함한 국소전경부곽청술 (ju-