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Ho-166 방사성 팻취를 이용한 피부암치료의 임상결과보고

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피부암의 치료법은 수술,방사선치료, 화학요법등이 이용되고 있다. 본 연구는 이러한 치료방법적 접근이 어렵거나 불가능한 환자에게 베타선을 방출하는 동위원소인 Ho-166을 치료부위에 맞게 특수 제작한 팻취를 이용하여 간편하게 치료하는 방법을 고안하였고 임상환자를 대상으로 4년간 얻은 결과를 보고하고자 한다.

대상 및 방법: 4년간 27명의 환자에게서41개 병소부위를 치료하였다. Bowen씨병이 12명 (26병소),기저세포암 8명 (8병소),편평상피암 3명 (3병소), Kaposi 육종 4명 (18 병소)이었다.병소크기는0.5 cm에서 8 cm까지 다양하였다. 치료방법은 Bowen씨 병과 Kaposi육종은 방사선흡수선량이 35 Gy, 나머지는 80 Gy가 되도록 팻취의 방사선량과 치료시간을 조절하였다. 치료시간은 1시간을 넘지않게 하였다. 방사선 흡수선량은 Monte-Carlo 계산법을 이용하였다. 치료판정은 치료후 조직생검 (11명), 임상관찰(16명)으로하였다.

결과: Bowen씨병과 편평세포암 전 예에서 1회치료로 재발없이 완치되었다. 기저세포암환자 8명 중 3명은 3회 치료하였으고 이중 1명은 부분 관해, 나머지 7명은 완치되었다. Kaposi육종은 4명 18 병소중 17병소는 완치되었고 나머지 1 병소는 부분관해되었다. 치료도중 발생한 심각한 부작용은없었고 치료후 1-2주 사이에 방사선에 의한 삼출, 혹은 일시적 피부궤양이 관찰되었으나 1개월 이내에 치유되었다.

결론:방사성동위원소를 이용한 팻취는 수술이나 방사선치료가 힘든 피부암환자에게 간편하게 적용할 수 있다.

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Sentinel Node Lymphatic Mapping for Breast Cancer Using Lymphoscintigraphy and Intraoperative gamma probe

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Purpose: Sentinel lymph node (SLN) mapping has been investigated as a technique for minimizing the morbidity associated with axillary node staging in breast cancer. This study was to evaluate the value of combined imaging and intraoperative gamma probe(IGP) localization of SLN.

Materials & Methods: A total of 38 patients with newly diagnosed breast cancer were mapped using both Tc-99m labelled antimony sulfide colloid (ASC) lymphoscintigraphy(LS) and IGP. Consecutive LS was performed after peri-tumoral injection of Tc-99m ASC. SLN was identified and removed, followed by a definitive cancer operation, including a complete axillary LN dissection. If the SLN was not involved in frozen section, additional 3 sections of H & E stain and immuno-histochemical stain were performed.

Results: LS alone revealed lymphatic drainage in 74% of cases. The mean time to node visualization in successful cases was 19 minute, with a mean of 1.38 nodes visualized. Combination of LS and IGP revealed successful localization in 89.5% of cases, with a mean of 1.47 nodes visualized. Of those 34 cases in whom SLN were localized, SLN were not involved by the tumor in 23 cases and lymph node metastasis were noted in 11 cases. In 5 cases, SLN was the only node that contained metastatic tumor and in 6 cases, additional concomitant axillary LN metastasis was detected. In 1 patient, SLN was negative on frozen section and skipped metastatic LN were noted, however, permanent pathologic specimen of SLN revealed micrometastasis. Estimated sensitivity was 91.7% and specificity was 100% and negative predictive value was 95.7%.