

성문상 부분 후두절제술 : 종양학적 및 기능적 고찰

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Supraglottic Partial Laryngectomy : Oncologic and Functional Results

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ABSTRACT

Background and Objectives : Supraglottic partial laryngectomy allows the removal of selected supraglottic tumors, preserving a functioning larynx and avoiding a permanent tracheotomy. The purpose of this study was to evaluate our experience with supraglottic partial laryngectomy and to review the functional and oncologic results of the operation. **Subjects and Method** : We retrospectively reviewed the medical records of 40 patients with squamous cell carcinoma of the supraglottis and 1 patient with sarcomatoid cancer ; they were either treated with supraglottic laryngectomy (n=31) or extended supraglottic laryngectomy (n=10) from May 1991 and December 2001. Fifteen patients had tumors in T1, 25 patients in T2, and 1 patient in T3. The primary lesion of the tumors were as follows : suprahoid epiglottis (n=12), infrahyoid epiglottis (n=13), aryepiglottic fold (n=10), false vocal cord (n=4), and pyriform sinus (n=2). A Kaplan-Meier, Willcoxon and Fisher's exact test was performed to obtain the survival rate and the prognostic factors. The evaluations of postoperative function were performed with regard to decannulation, oral diet, and average time taken to decannulate and to initiate oral intake. **Results** : The disease-specific 3-year survival rate was 87%. Pathologic lymph node metastasis and the invasion of tumor to the preepiglottic space were significant clinical prognostic factors affecting survival. Local recurrence was developed in only one case (2.6%). Decanulation was possible in 93% of our patients. Ninety-five percent of our patients could ultimately take oral diet. The average decannulation time was postoperative 28.3 days and the average time taken to begin oral feeding time was 23.2days. **Conclusion** : This study suggests that supraglottic partial laryngectomy may be used with acceptable oncologic and functional results for supraglottic cancers. (Korean J Otolaryngol 2004;47:1267-72)

KEY WORDS : Laryngeal neoplasms · Surgery · Survival rate.

2%
 1)
 1/3 가 , 90%가 , 1940 Alonso³⁾
 2)
 가
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Table 3. Primary sites with positive margin

SPL	Primary site	Positive margin	N (%)
Conventional SPL	Suprahyoid epiglottis	BOT	3 (27%)
	Infrayoid epiglottis	Ventricle	2 (18%)
	Total		5 (16%)
Extended SPL	AE fold	BOT	1 (20%)
		Lateral wall of PS	3 (60%)
	Total		4 (40%)

SPL : supraglottic partial laryngectomy, BOT : base of tongue, PS : pyriform sinus, AE : aryepiglottic

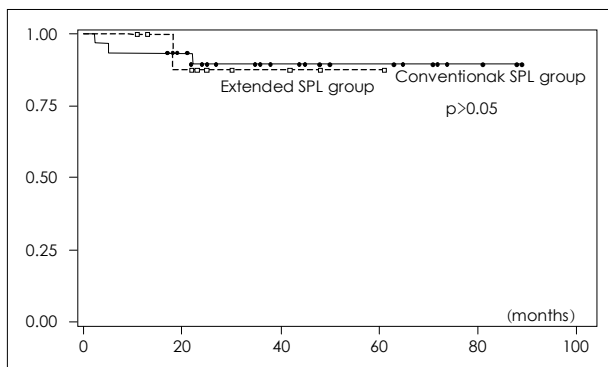


Fig. 1. Disease-free survival. SPL : supraglottic partial laryngectomy.

5 (16.1%), 4 (40%)
 5
 가 3 (27%, 3/11),
 2 (18%, 2/11)
 3
 2
 4
 1, 3
 3
 (Table 3).

41
 2 39
 3 87% ,
 3
 89%, 86%
 (Fig. 1).
 , (n=
 2) (n=37) 3 100% 86%

Table 4. Factors affecting to the prognosis

Factors	No.	p value
Sex	Male	37 0.518
	Female	2
cT	T1	15 0.442
	>T2	24
cN	N0	22 0.129
	N (+)	17
pN	N0	18 0.038*
	N (+)	21
Preepiglottic space invasion	Yes	14 0.041*
	No	25
Resection margin	Positive	10 0.749
	Negative	29
Postoperative radiotherapy	Yes	24 0.669
	No	15

No : number, *p<0.05

(p=0.5117).
 가 T1(n=15) 3 90.7%,
 T2 (n=24) 3 80.1% 가
 (p=
 0.4418). cN0(n=22) cN+(n=17) 3
 93.8%, 77.9%
 (p=0.1293). 10
 29 3 78% 84.2%
 , (p=0.7491).
 가 24
 15 83%, 82%
 (p=0.6694). ,
 (n=
 25) (n=14) 3 86%
 , 71%
 (p=0.0413), pN0(n=18) pN+(n=21)
 3 93.1%, 72.8%
 (p=0.0377)(Table 4).

41
 2 39 4
 3 (10.2%)
 2 39
 가 2 (5.1%),
 가 1 (2.6%) . 1
 가 T2 , 가
 pN1

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