

일측 성대마비 173예에 대한 임상적 고찰

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임정택 · 김광문 · 김영호 · 김선구 · 강주완 · 신우철

A Clinical Review on 173 Cases of Unilateral Vocal Cord Paralysis

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ABSTRACT

Background and Objectives : Unilateral vocal cord paralysis is a common finding in the practice of otolaryngology. Having an idiopathic cause, requiring surgeries on neck and chest, presenting tumors, trauma and neurological diseases are considered to be its major etiology. We reviewed and compared both domestic and international papers and analyzed the trend of clinical characteristics and causes of unilateral vocal cord palsy in Korean patients. **Materials and Method** : We reviewed 173 patients who visited the Severance Hospital and the Yong dong Severance Hospital from April, 1995 to December, 2001. They were diagnosed with unilateral vocal cord palsy by reviewing systems, physical examination, radiographic studies, and endoscopy. They were analyzed according to sex, age, cause of vocal cord palsy, condition of the paralyzed vocal cord and treatment methods by a pre-established protocol. **Results** : The male to female ratio was 1.6 : 1. Patients in their fifties consisted of 24.3% of the total number of cases, and patients over 60 formed 30.6%, showing that the frequency of unilateral vocal cord palsy increased with age. The paralyzed vocal cord was fixed at paramedian position in 79.8% of the cases. The left vocal cord was paralyzed about twice as much as the right vocal cord. Among the causes of vocal cord palsy, 32.4% of the cases were due to postoperative paralysis, and most of those were developed after thyroid surgery. About 67% of the cases were not related to surgery, of which the causes were most commonly idiopathic, with tumor being the next frequent. In 38.4% of the patients, atrophy of the membranous portion of the paralyzed vocal cord was noted. Rotation of the arytenoid cartilage was seen in 25.3%. **Conclusion** : Vocal cord paralysis is not only a disease entity in itself, but can be seen as a sign of an underlying disease. Thus, determining the cause of vocal cord paralysis is extremely important. Although the number of cases of vocal cord paralysis due to surgery is now decreasing, those due to trauma or idiopathic causes are rising and paralysis due to tumor is increasing. Consequently, it is necessary to perform a complete and thorough search for the underlying cause of vocal cord paralysis. (Korean J Otolaryngol 2003;46:580-5)

KEY WORDS : Vocal cord paralysis · Causality · Therapeutics.

1855 Garcia가

가 .¹⁾

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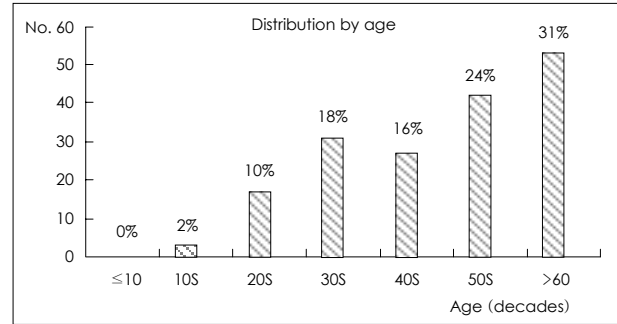


Fig. 1. Distribution of 173 patients by age.

Table 1. Position of the paralyzed cord

Position	Number	Percentage
Median	22	12.7
Paramedian	138	79.8
Intermediate	13	7.5
Lateral	0	0.0
Total	173	100.0

1.6 : 1 , 10 1.7%, 20 9.8%, 30 17.9%, 40 15.6%, 50 24.3%, 60 30.6%

10

가 (Fig. 1).

가 15 8 (4.6%)

가 6 가 88 (51%)

가 1 가 25 (14%), 1

가 60 (35%)

173 protocol

가 138 가 (Table 1).

115 (66.5%), 58 (33.5%) 2.0 (Table 2).

173 가 가 56 (38.4%)

37 (25.3%)

56 (32.4%)

117 (67.6%) 가 30.6%

가 106 (61.3%), 가 67 (38.7%)

Table 2. Distribution of 173 patients by etiology and laterality

	Right	Left	Total
<i>Surgery-related</i>			
I. Neck			
Thyroidectomy	12	11	23
Intubation	3	3	6
Cervical disc operation	1	1	2
Partial pharyngectomy		1	1
Laryngomicrosurgery		1	1
Subtotal	16	17	33 (19.1%)
II. Chest			
Aortic aneurysm operation		3	3
Heart surgery		1	1
PDA ligation		3	3
Pneumonectomy	1	4	5
Esophagectomy	3		3
Esophageal reconstruction	1	1	2
Mediastinal surgery	1	5	6
Subtotal	6	17	23 (13.3%)
<i>Nonsurgery-related</i>			
I. Neck			
Neck trauma	2	7	9
Thyroid tumor	5	12	17
Metastatic neck cancer		1	1
Neurogenic tumor	2	1	3
Cervical lymphoma		1	1
Tbc lymphadenopathy	1	2	3
Subtotal	10	24	34 (19.6%)
II. Chest			
Aortic aneurysm		3	3
Lung cancer		13	13
Mediastinal lymphoma		1	1
Esophageal cancer	4	3	7
Mediastinal tumor	3		3
Subtotal	7	20	27 (15.6%)
III. Central			
Cerebrovascular disease			
Subtotal	0	0	0 (0.0%)
IV. Unkwoun			
Idiopathic	16	37	53
Congenital	1		1
Herpes-Zoster	2		2
Subtotal	19	37	56 (32.4%)
Total	58	115	173 (100.0%)

(Table 2).

가 67 , 가 53 ,

가 50 (Table 2).

10%

가 1.6 : 1

Kim ²⁾ 1.4 : 1

Yamada ³⁾ 1.1 : 1

가

¹⁾⁴⁻⁸⁾

10 3 , 20 17 , 30 31 ,

40 27 , 50 42 , 60 가 53

50, 60 54.9%

가

⁵⁾⁶⁾

3/4 40

가

50, 60

가 Kim ²⁾ 36.8%

가

가 가

50

6

가 62 (65.3%), 1

가 75 (78.9%)

가

Tchiassny

3 mm,

7 mm

가

²⁾⁵⁻⁸⁾

가 79.8%

2

²⁾³⁾⁵⁻⁹⁾

2.0

¹⁰⁾¹¹⁾ 가 6 56 11%
 1 가 3 , 3 1 : 1 Yamada³⁾
 가 56 33%
 6 가 40 (71.4%) 1 : 3.5
 37 6 20~30%
 25 (67.6%) 가
 56 18 (33%)
 6 가 5 ,
 3
 1 가 가
 가 , ³⁾⁹⁾ 가 가
⁹⁾¹³⁾

¹⁰⁾¹²⁾

비술후성 마비

가 가
 Hong ⁷⁾
 15.5%, 84.5% , Chang ⁸⁾ 53 (45.3%)
 23%, 77% , 1995 Kim ²⁾ 가 46 (39.3%), 9 (7.7%),
 25.2% 74.8% . 1992 5 (4.3%), 3 (2.6%),
 Hirose¹²⁾ 30 1,053 1 (0.8%)
 가 44.5%, 가 55.5% 가
 가 32.4%,
 67.6% 가 30% ²⁾
 가 influenza
 influenza가 1969~
 술후성 마비 1970 가 influenza ³⁾¹²⁾
 56 가 7 (13%),
 23 (40%) 가 , 가 6
 (11%), 가
 5 (9%) (Table 2). 가 ³⁾¹²⁾

소아형 성대마비 8 4.6%

가 2 , 가 1 , 가

가 4)5) 가 가

Hong 7) 13.4%, Yamada³⁾ 16.8%, Hirose⁹⁾ 9.9%

173 46 (26.6%)

17 가 13 , 1992 Hirose¹²⁾ 30

2 , 1 (Table 2). 3,334

가, 37%, 36%, 23%, 2.5% 32.4%, 가 38.7%,

Hong 7) 12.9% 28.9%

가 173 9 (5.2%)

가 Yamada³⁾ Hirose⁹⁾ Hi- 가

2.3% 2.1% rano , influenza,

가 1.7% 1.5) 가 13%

7) 9.7% 1.1% Kim 2) 1995 10 85% 16) 가

5.7% 2~9 , 6 가 2 15)

2% , 50% 가 ,

1.7% 4가 , , ,

가 10% 가 ,

Hirano 1.2%, Hong 2.6% 가

, 1995 1993 Kim 가

2.4% 3.3% 2)5)7) , , - , 2)17)

173 6 6

85 28 . 6

10% 13

가 53 가

가 14) 22 (15.2%) , 가

38 (26.2%) . 15 (10.3%)

1 . 7 가 , 4 ,

3 , , 가
 , 가 46 7 (15.2%)
 , 13 1
 , 4 , 5 가
 1 2
 1 , 1
 가
 19 가
 6 , 5 6
 3 가
 1 가
 , 가
 1
 가
 가
 Kim 2)
 가
 50 가
 가

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