

성문상부 편평세포암종 N0 경부의 예방적 외측 경부청소술에서 Level IV 림프절의 절제가 반드시 필요한가?

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Is the Dissection of the Level IV Lymph Node Pads Necessary in the Elective Lateral Neck Dissection of N0 Supraglottic Squamous Cell Carcinoma?

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ABSTRACT

Background and Objectives : To determine whether level IV lymph nodes can be saved in the elective lateral neck dissection (LND) as a treatment for patients with squamous cell carcinoma of the supraglottic larynx. **Subjects and Methods** : From January 1997 to May 2002, 42 patients with supraglottic squamous cell carcinoma and a clinically N0 neck who underwent an elective LND were studied prospectively. The incidence of pathological metastasis to the level IV lymph nodes and a regional recurrence after an elective LND were evaluated. **Results** : Of the 42 patients, 10 (24%) had lymph nodes positive for microscopic metastatic squamous cell carcinoma. Two (5%) of the 42 patients had involvement of the level IV lymph nodes, whose clinical T-stages were above cT3. None of the clinical T1 or T2 tumors showed level IV nodal metastasis. There were two cases (5%) of the ipsilateral neck recurrence : these patients developed recurrence in the level II and stomal area, respectively. **Conclusion** : The level IV lymph node metastasis was rare in this study, and nodal recurrence after LND in squamous cell carcinoma of the supraglottic larynx was infrequent. Therefore, this region may be preserved in elective LND for patients with early squamous cell carcinoma of the supraglottic larynx. (Korean J Otolaryngol 2005;48:1131-5)

KEY WORDS : Laryngeal neoplasm · Squamous cell carcinoma · Neck dissection.

가

가 .

N0

1)

Crile

(radical neck dissection)

25% 66%

2-5)

가

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, N0

(lateral neck dissection) 3 (type modified radical neck dissection) 가 , N0 Mancuso . level , level (chyle) level (trifurcate) level Redaelli de Zinis ⁷⁾ 238 N0 level 가 (3%) , Redaelli de Zinis level 가 N0 X-ray 가 8 level 가 92 (:47) 8 1997 1 2002 5 5 4 42 41 , 1 , 41 83 (:64) . T T1 3 , T2가 21 , T3가 15 , T4가 3 . 4 38 가 , 80 25.7 (16~32) (Table 1). 42 , 10 (24%) 가 . AJCC (2002) 4 가 10 6 5

Table 1. Mean number of harvested lymph nodes by level

| Level | Mean No. (range) |
|-------|------------------|
| II | 12.2 (5 - 26) |
| III | 6.7 (1 - 9) |
| IV | 9.3 (1 - 29) |
| Total | 25.7 (16 - 32) |

Table 2. Distribution of pathologically positive lymph node by level

| Level | No. of patients | |
|----------|-----------------|---------------|
| | Ipsilateral | Contralateral |
| II | 4 | 1 |
| III | 2* | 2 |
| IV | 1 | 0 |
| II & III | 2* | 1 |
| III & IV | 1 | 0 |
| Total | 10 (24%) | |

*These patients had an additional positive neck node at contralateral neck level II and III, respectively

level (level : 4 , level : 1)
 level (level).
 38 , 4 75 가
 가 . 4 , 1
 level , level , 1 le-
 vel level , , 1 level , 27% , Ogura ¹²⁾
 level , 1 level ,
 level ,
 , level 5%(2/42) .

Table 2. T level

15) , T4 33%(1/3) level 가
 T2 le-
 vel 2 (5%, 2/42)
 T3N0 .
 stomal area level
 , 1 가 1 level
 8 ¹³⁻¹⁵⁾ NO
 20
 2 (5%)
 , 1 (2%)
 (10/42)

가
 가 . ,
 ,
 가 ,
 가
 .
 가
 .
 ,
 . Ogura ⁸⁾ 104
 21%
 , 9% 14%
 , Som ⁹⁾
 . Lee ¹⁰⁾ 25%
 , Esposito ¹¹⁾
 , Ogura ¹²⁾
 16
 가
 14 4 (29%)
 가
 가
 가
 level , ,
 level
 NO
 24%
 (10/42)

가
 가
 level
 apron 가 apron
 1~2%¹⁶⁾
 5.8%¹⁷⁾ 2
 (5%)
 de Jong¹⁸⁾
 176 14 (8%) 42 level
 (2.5%)
 가
 Leon¹⁹⁾ 79 가
 level
 2 (2.5%) , Tu²⁰⁾ N0
 155 level
 level 5
 10 (6.5%)
 level
 가
 level
 level 14%, level 12%, level
 5% level
 T1 T2 level 가
 , 2 (5%)
 T3 level
 NO
 가 T1 T2
 level
 level
 vel
 가
 가
 apron
 level

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