

유소아 기관절개술에 대한 임상적 고찰

정명현 · 김세현 · 장미숙 · 이준협 · 한재욱 · 이주환

A Clinical Study of Tracheotomy in Pediatrics

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ABSTRACT

Background and Objectives : Tracheotomy, although an inevitable procedure in some situations, is often avoided in pediatrics for its frequent and serious complications. So, authors studied clinical characteristics of tracheotomy as observed in pediatrics. **Materials and Methods** : 138 children who underwent tracheotomy during the past twenty years since 1977 were investigated. We analyzed distribution of age and gender, annual frequency, causative disorders for tracheotomy and complications. **Results** : 1) Number of tracheotomy performed tended to be decreased with time ; 2) Tracheotomy was performed two times more frequently in males than in females, and most frequently below eight years old ; 3) Most frequent causative disease was head injury (27.5%) ; 4) Most frequent indication of tracheotomy was ventilator support (49.3%) ; 5) The history of endotracheal intubation before tracheotomy was 86.2% ; 6) The complications of the tracheotomy developed in 39.9%, with the most frequent complications being granulation formation (18.1%), followed by tracheal stenosis (17.4%). 7) Frequency of late complication was relatively lower in the shorter intubation period group (22.9%) than in the longer intubation period groups (51.5% and 33.3%) ; 8) Late complications were lower in the group who had not been supported by a ventilator ; 9) Late complications did not occur in cases who were decannulated before 1 month. **Conclusion** : We found that factors associated with complications were duration of endotracheal intubation before tracheotomy, history of ventilator care and timing of decannulation. (**Korean J Otolaryngol 1998;41(11):1472-1477**)

KEY WORDS : Tracheotomy · Pediatrics · Complications.

1943 Galloway³⁾
1620 Nicholas Habicot
, 1766
Caron 가
1825 28
. ¹⁾ 1826 Bretonneau¹⁾가
5 , 가
1921 Jackson²⁾ 가
: 1997 12 29 / : 1998 10 9
: , 135 - 270 146 - 92 가

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(Fig. 1).

1 5 15 가
 , 8
 가 92 (66.7%) 가 46 (33.3%)
 8
 2 : 1 (Fig. 2).

1977 1996 20 15 138

1
 38 가 27.5%
 Guillian - Barre syndrome 29 (21.0%)
 18 (13.0%), 1
 5 (10.9%), 14 (10.2%),
 7 (5.1%)
 17 (12.3%)

1 1

가 68 (49.3%) 가
 가 38 (27.5%)

1977 1996 20 138 가 32 (23.2%)
 1977 23
 가 1978 14 1979 7 가
 1980 8 . 1981 19
 90 10 가 4.3 19 가 3-0 nylon
 91 1996 6 6.9 1980

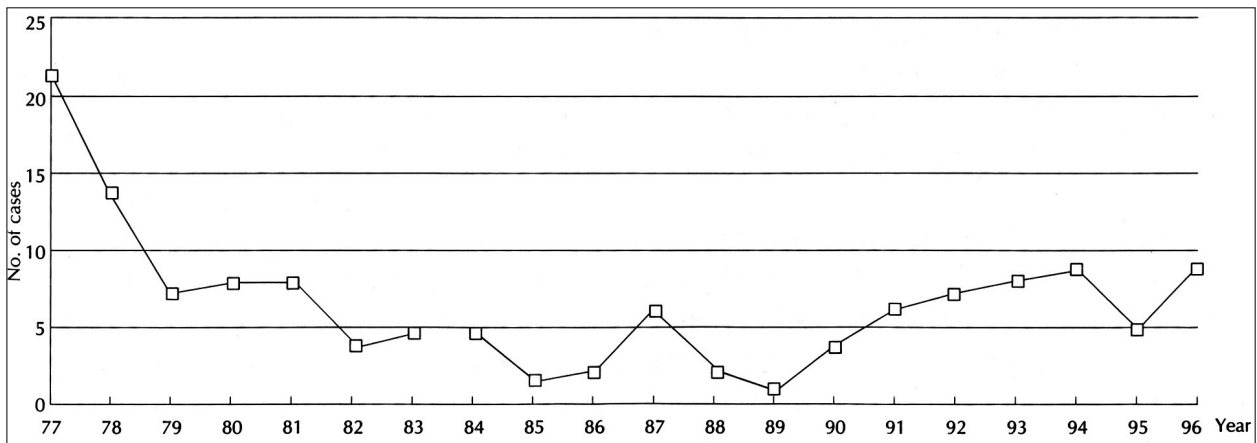


Fig. 1. Frequency distribution of tracheotomy in each year.

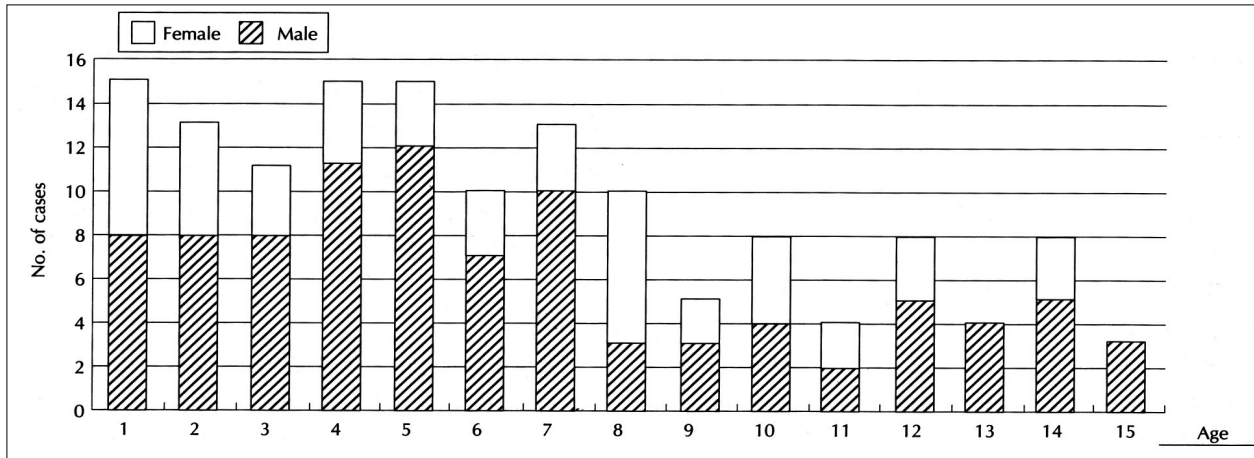


Fig. 2. Age and sex distribution of 139 patients with tracheotomy.

138 19 (13.8%)

119 (86.2%)

가 48 (40.3%) 가 1 2

가 21 (17.6%), 2 3 가 12 (10.1%),

3 4 가 9 (7.6%), 4

29 (24.4%)

138 39.9%

55 7

2

53 (38.5%) 1

25 , 24 ,

4 , 75 (54.3%)

. 8 (5.8%)

1 48 11 (22.9%)

3 33 17 (51.5%)

3 3 4 9 (18.8%)

3 (33.3%) 4 29 24 20 13

Table 1. Relations between ventilation support and late complications

| | No. of cases | No. of complications(%) |
|---------------------------|--------------|-------------------------|
| Ventilation supported | 78 | 36 (46.2) |
| Ventilation not supported | 60 | 17 (28.3) |
| Total | 138 | 53 (38.4) |

Table 2. Relations between duration of cannulation and late complications

| Duration(months) | No. of case | No. of complications(%) |
|------------------|-------------|-------------------------|
| < 1 | 23 | |
| 1 - 3 | 16 | 3 (18.8) |
| 4 - 6 | 3 | 3 (100.0) |
| 7 - 12 | 10 | 7 (70.0) |
| 13 - 24 | 7 | 3 (42.9) |
| >24 | 8 | 7 (87.5) |
| Total | 67 | 23 (34.3) |

22 (75.9%)

78 36 (46.2%)

60

17 (28.3%) (Table 1).

65.0%

(Table 2).

8)

2

가 36 26 (72.2%)

가 ,
가

7 35 11 (31.4%)

6)9 - 12)

, 24 (68.6%)

가

가 13)
1 15 (10.8%)

8 (22.9%)

2 : 1

, 가

가 7)14)

가

가

4) 1943

6)9 - 12)

Galloway³⁾

100 150 cc

3/4

가

가

4)

6)9 - 12)15)

10

5) 가

가

가 가

16 - 18)

1

6)7)

가

16 - 18)

가

가가

Gaudet

6)

가

5

가

가

가

8)

70

1

1

15

2

가 . 가
 가 . 가
 20 . 가
 80 90 . 가 70
 가 . 가
 , ,
 , 가
 , 1
 가 가 ,

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