

구강암의 경부 치료

가톨릭대학교 의과대학 이비인후과학교실
조 광 재

Neck Management of Oral Cavity Cancer

Kwang-Jae Cho, MD

Department of Otolaryngology-Head and Neck Surgery, The Catholic University of Korea,
College of Medicine, Seoul, Korea

임상적 N0 경부의 치료

N0 .¹⁾ , 가
가
가 .²⁾
N0 , 가
가 , 가 70~80%
가 ,³⁾⁴⁾
가 ,
가 ,
가 ,⁵⁻⁷⁾ 가 ,⁷⁻⁹⁾
N0 T1 (screening) , 가
가 ,¹⁰⁾¹¹⁾
15~50%
15~20%
가
¹⁾ , 가
예방적 경부치료의 적응증
N0
가
15~20%
¹²⁾

가 : , 480 - 130 65 - 1
가 : (031) 820 - 3674 . : (031) 847 - 0038
E - mail : entckj@catholic.ac.kr

(invasive cell grading),
 (skip metastasis)
 level
 level

예방적 경부치료의 방법

Byers
 517
 N0
 1.9%, N1
 5.6% N1
 35.7%
 (staging procedure)
 N0
 N+
 29) Davidson
 54 72 N0
 40~50 Gy 18) Fletcher N0
 90~95%
 19) 7% N+ 50%
 30)

구강암의 경부림프절 전이의 양상 및 특징

(first - echelon)
 (submental) , (submandibular)

예방적 경부절제술시 경부림프절의 절제범위

(前)
 1960
 가
 가 1

Level

39)

편측 vs 양측 경부절제술
2~4

(sentinel node biopsy)

(primary echelon lymph node)

가

가

가

가 (100% negative predictive value) (skip metastasis)

가

40) Morgan

N0

5 , 2.8% 가 , 177

(3%) (2.6%)

N+

Koch

가

47)

90%

48-51)

가

41)

파수꾼 림프절 조직검사(Sentinel lymph node biopsy)

N0

30%

13%

70% (overtreatment) 42-45)

가

가

가 2% 50)53)

Ross

28 1

49)

가

가

가

가

가 N+ 5
 가 6 N+
 54) 가 NO
 가 N+
 가 Taylor
 가 N+
 51)52) N1 N2a
 level
 가 10 6 56-58)
 4 가 59)60)
 48)가
 3)

임상적 N+ 경부 치료

가
 N2 N3 가
 3 cm (N1)가
 21)
 가
 N+
 Shah
 level level N+
 20% 12%
 Chone 32 NO 28)
 31

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