

이물에 의한 후인두농양 및 경부기종

김준영¹ · 이병주¹ · 이진춘¹ · 박수은²

A Case of Retropharyngeal Abscess and Cervical Emphysema Caused by Hidden Foreign Body

Joon-Young Kim, MD¹, Byung-Joo Lee, MD¹, Jin-Choon Lee, MD¹ and Su-Eun Park, MD²¹Department of Otolaryngology, and ²Pediatrics, College of Medicine,
Pusan National University, Busan, Korea

-ABSTRACT-

Foreign bodies in the pharyngolarynx are commonly encountered accidental cases in the otolaryngological fields. Most foreign bodies in the pharyngolarynx can be easily diagnosed by history taking, physical examination, and radiological study. However missed foreign body can make a medically refractory deep neck infection. Authors experienced retropharyngeal abscess and emphysema refractory to I&D and intensive antibiotic therapy. Repeated CT study revealed plastic foreign body in the esophageal inlet and successfully removed under esophagoscopy. (J Clinical Otolaryngol 2005;16:327-329)

KEY WORDS : Foreign bodies · Retropharyngeal abscess · Emphysema.

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: (051) 240 - 7675 · : (051) 246 - 8668

E - mail : voicelee@yahoo.co.kr

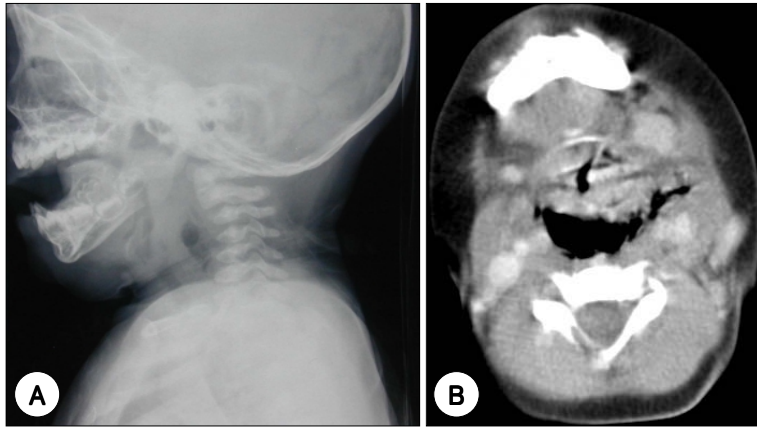


Fig. 1. A : Lateral radiograph of the neck showing a retropharyngeal emphysema extending from the base of skull to the mediastinum. B : Computed tomographic scan shows a huge retropharyngeal air shadow around airway.

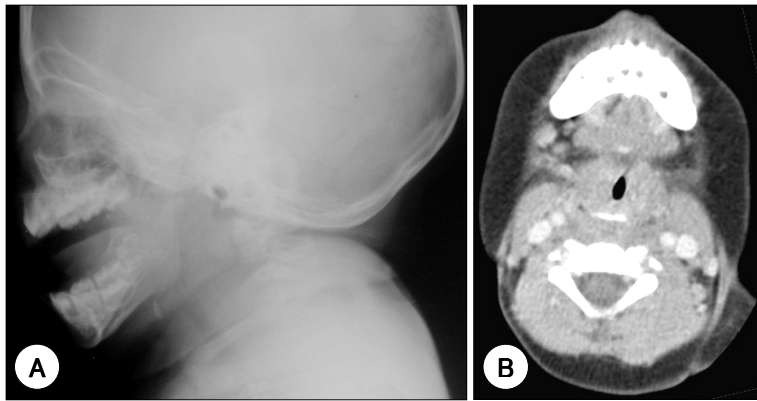


Fig. 2. A : Lateral radiograph of the neck showing a decreased retropharyngeal emphysema. B : Computed tomographic scan shows a slit shaped high density material in the esophageal inlet. It revealed a plastic foreign body.

(Fig. 1).

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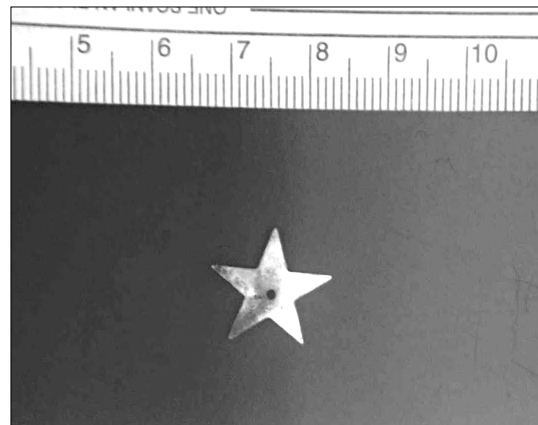


Fig. 3. Sharp star shaped plastic foreign body (diameter 10 mm).

(Fig. 2). 1 16

(Fig. 3).

(Fig. 4). 3 30



Fig. 4. Upper gastrointestinal imaging shows retropharyngeal fistula formation after foreign body removal under direct esophagoscopy.

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중심 단어 :

REFERENCES

- 1) Thompson JW, Cohen SR, Reddix P. *Retropharyngeal abscess in children: A retrospective and historical analysis. Laryngoscope* 1988;98:589-92.
- 2) Shumrick KA, Sheft SA. *Deep Neck Infection. In Paparella MM, Shumrick DA, Gluckman JL (eds). Otolaryngology, 3rd ed. Philadelphia: WB Saunders;1991. p.2545-64.*
- 3) Breznick DA, Saporito JL. *Iatrogenic retropharyngeal emphysema with impending airway obstruction. Arch Otolaryngol Head Neck Surg* 1989;115:1367-72.
- 4) Choo MJ, Kim YJ, Shin SO, Yong MG, Shin JW, Jeon CW. *Non-traumatic subcutaneous emphysema in the head and neck. Korean J Otolaryngol* 2001;44:533-7.
- 5) Granich MS, Klotz RE, Lofgren RH, Partlow RC Jr, DiGregorio LI. *Spontaneous retropharyngeal and cervical subcutaneous emphysema in adults. Arch Otolaryngol* 1983;109:701-4.
- 6) Herlan DB, Landreneau RJ, Ferson PF. *Massive spontaneous holes. Chest* 1992;102:503-4.
- 7) Jabouroian Z, Mckenna EL, Feldman M. *Spontaneous pneumomediastinum and subcutaneous emphysema. J Otolaryngol* 1988;17:50-3.
- 8) Ahn CM, Choi JH, Woo WK, Kim MR. *A case of fish bone foreign body presenting as anterior neck mass. Korean J Otolaryngol* 2003;46:255-8.