

해면양 정맥동 혈전증 3례

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3 Cases of Cavernous Sinus Thrombophlebitis

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- ABSTRACT -

Each cavernous sinus is located at the base of the skull and superolaterally to the sphenoid sinus, the walls of which are composed of thin bone and may be partially incomplete. Septic thrombosis of the cavernous sinus most commonly follows infections of the middle third of the face. Other antecedent infections include paranasal (usually sphenoid) sinusitis, dental abscess and, less often, otitis media. The authors experienced 3 cases of cavernous sinus thrombosis followed by chronic sinusitis, petrous apicitis and Wegener's granulomatosis, thereupon the authors report these cases and review the literatures about them. (*J Clinical Otolaryngol* 1999;10:94-99)

KEY WORD : Cavernous sinus thrombophlebitis.

서 론

Duncan(1821)
1) 100%
2) 1940 가
15% 3, 4, 6 5
3, 4)
5)
가 .

3

증 례

증 례 1 : 해면양 정맥동으로 확장된 좌측 접형동염
27 4
2 , ,

2

3

: 1998 9 1

: 1998 12 27

: , 423 - 033

389

가

1994

: (02) 680 - 7255, 7653 · : (02) 680 - 7755

가 , 206 mg/
 dl, 2 278 mg/dl ,
 가 $29.2 \times 10^3/\text{mm}^3$, 20.3 g/dl,
 40 mm/hr 가
 X-

(Fig. 1).



Fig. 1. Coronal MR (T1WI with GD-PTPA) shows lateral wall bulging with low signal intensity foci by thrombus (arrow) of left cavernous sinus, and mucoperiosteal thickening of both sphenoid sinus.

증 례 2 : 해면양 정맥동으로 확장된 좌측 추체염
 65 3 , ,

14

20

가

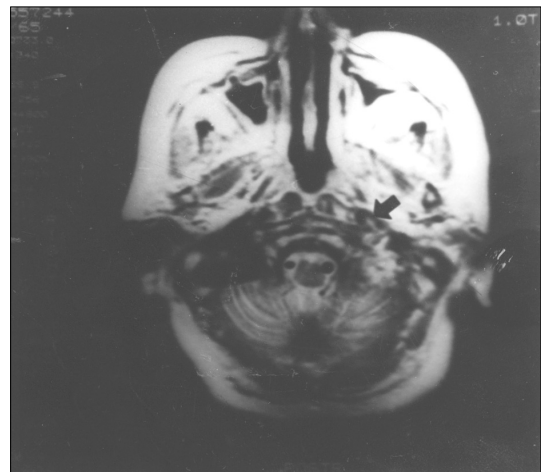


Fig. 2. Axial MR (Proton density WI) shows increased signal intensity of left petrous apex (arrow).

가

가 $14.2 \times 10^3/\text{mm}^3$,
35 mm/hr 가

가

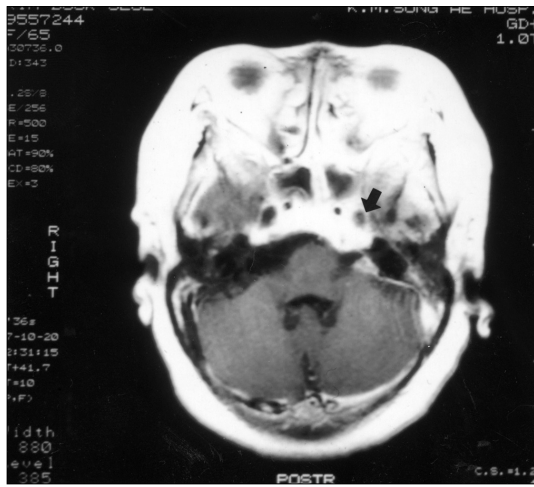


Fig. 3. Axial MR (T1WI with GD-PTPA) shows lateral wall bulging of left cavernous sinus and narrowing of left Meckel's cave (arrow) compared with right side.

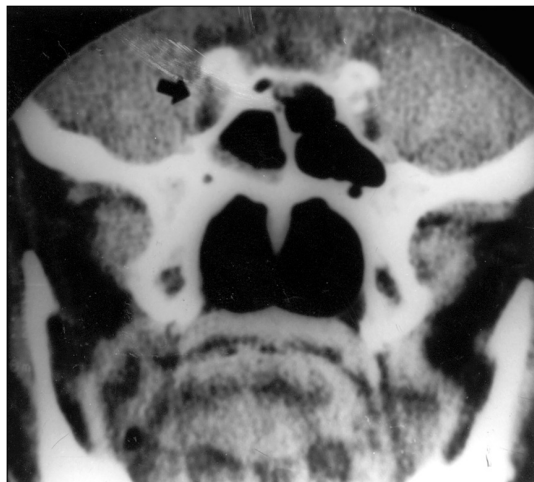


Fig. 4. Coronal CT shows air-fluid lateral wall bulging of right cavernous sinus (arrow).

Meckel's cave가
(Fig. 2 and 3).

3 cep -
halosporin 가 17

증례 3 : 해면양 정맥등으로 확장된 베게너 육아종
66 1

가,

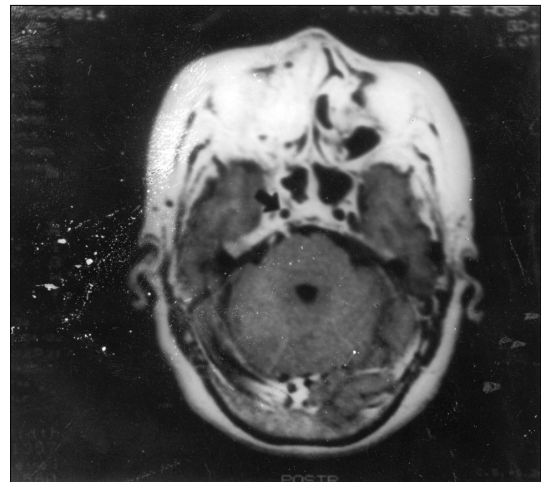


Fig. 5. Axial MR (T1WI with GD-PTPA) shows narrowing of right internal carotid artery (arrow) with meningeal enhancement.

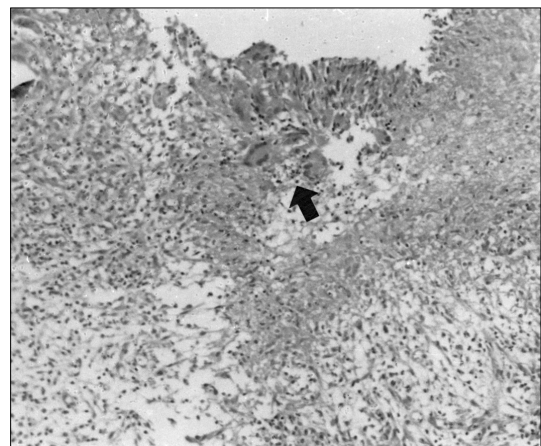


Fig. 6. Acute necrotizing granuloma (arrow) with fibroblastic proliferation and giant cell (H&E stain, x 100).

2 : 3

2 2 6) Florey(1941) Goodhill(1944) pe-
nicillin , 7) Ya-
rrington(1977) 13.6%

4)

가 4 , ,
, 3 , 4 , 6 5
가 5)

1 × 1 cm

가 .

1, 2

가 $3.5 \times 10^3/\text{mm}^3$,
가 8.1 g/dl, 95 mm/hr, BUN ;
Cr 6.1 ; 0.9 mg/dl, 가
X- , ANCA(An-
tineutrophil Cytoplasmic Autoantibody)
(air - fluid level)

Eagleton 1)
, 2) , 3) (, 4)
(3, 4, 5, 6 , 5) , , ,
, 6) , ,
9)

(Fig. 4 and 5). , 15%가 , 8%가 , 7%가
, 5% , 10) 가

(Fig. 6). , 가
steroid cyclophosphamide 11)
, 40 3.7% 12)

고 찰

Duncan(1821) , 가 ,
1) Grove(1936)가 0.5 mm
400 100% , 가
, 2) Lyons(1941)

12) 가 12)

가 13)

가 14)

가 60% penicillinase resistant penicillin
3 cephalosporin

11) azole metronid-
bactrim

7) 14) steroid

15) 가 1
가 2

40 15) AN-
CA (Antineutrophil Cytoplasmic Autoantibody)
10 가

17) 가

가 15) ANCA
가 steroid cy-

가

clophosphamide , cyclophosphamide
2 15 mg/kg

90%

17)

가

가

36%

가

가 가

Isoniazid, Rifampicin,

Ethambutol

Isoniazid, Pyrazinamide, Rifampicin

picin blood brain barrier

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