

소아의 구강 내 외상에 대한 임상적 고찰

유명종 · 석상렬 · 김학선 · 조우령 · 박병원 · 김서규 · 김명구

A Clinical Study of Intraoral Trauma in Children

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- ABSTRACT -

Background and Objectives : Accidental intraoral trauma is a common problem in the pediatric populations. Although they have few complications relatively, slight injuries with minor soft-tissue trauma would be associated with severe complications depending on their sites. **Materials and Methods :** We retrospectively reviewed the charts of 137 children who visited to the otorhinolaryngology department of Masan Samsung Hospital, from March, 1994 to February, 1999 and who were diagnosed as having intraoral trauma. The patients were analyzed into the injury site, distribution of sex, age, arrival time after injury, and the causing implements. **Results :** The sex ratio of male to female was 2.3 : 1. The most common site of injury was midsoft palate area (37.2%). The age of patient was varied from 3 months to 15 years old, with the average of 4.3 years old (majorities were below 6 years old). The arrival time after injury was not beyond 3 hours mostly. Causing materials were plastic playthings (41 cases), wooden or metal sticks (26 cases), and chopsticks (10 cases) etc. Otherwise, there were tongue lacerations (19 cases) that resulted from a slip. None of the patients experienced severe complication, such as internal carotid artery thrombosis. **Conclusion :** Intraoral injuries in the pediatric population have few complications, but they require increased concern about potential neurovascular impairment. Care should be taken during the examination to identify any neurological problems that may not relate to the degree of injury. Conservative management can be entertained if no abnormal neurologic findings are noted. (**J Clinical Otolaryngol 2000;11:98-103**)

KEY WORDS : Oral cavity · Trauma · Children.

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대상 및 방법

1994 3 1999 2 5

가 15

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결 과

95 , 42
 2.3 : 1 3 15
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 112 81.7% (Fig. 1).
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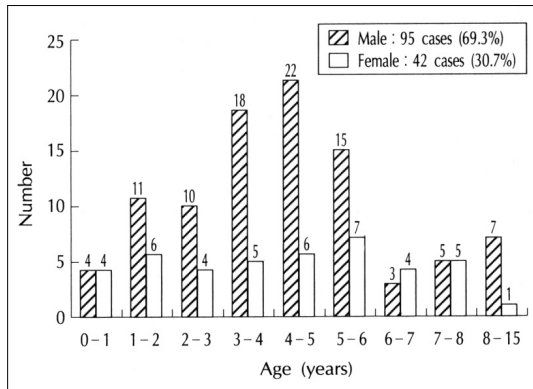


Fig. 1. Age and sex distribution of intraoral injury.

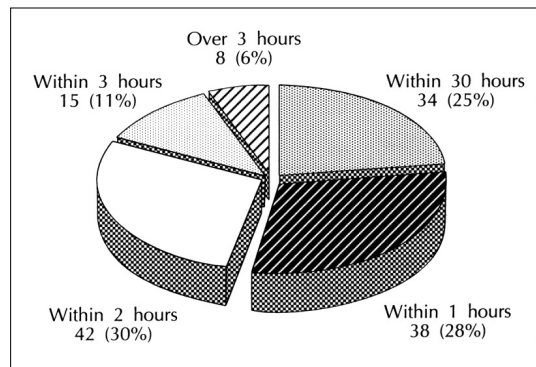


Fig. 2. Arrival time after intraoral injury.

59

가 6 24 19 (79.1%) (53.0%)

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137 84 (61.3%)

53 8

137 127 1 12

가 3.6

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76

Table 1. Causative materials of intraoral injury

Materials	No. of patient (%)
Plastic toy	41 (29.9)
Wooden stick	19 (13.9)
Chopstick	10 (7.3)
Pen	8 (5.8)
Toothbrush	8 (5.8)
Spoon or fork	7 (5.1)
Metal stick	7 (5.1)
Fishbone	4 (2.9)
Unknown	8 (5.8)
Others*	6 (4.5)
Slip down [†]	19 (13.9)
Total	137 (100)

Others* : hairpin, bottle cap, brush pencil, flute, etc
 Slip down[†] : laceration due to tongue bite

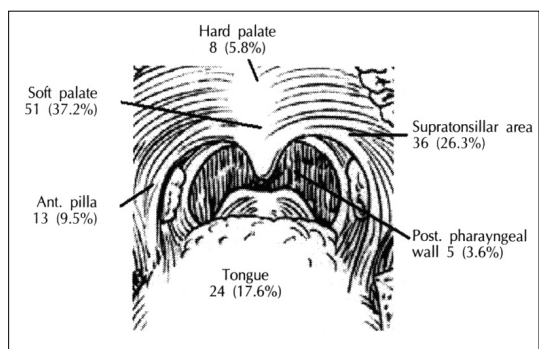


Fig. 3. Location and number of intraoral injury.

Table 2. Location, management and admission ratio of intraoral injury

Location	No. (%)	Management		Antibiotics (%)
		Admission (%)	Suture (%)	
Soft palate	51 (37.2)	29 (21.2)	22 (16.0)	2 (3.9)
Supratonsillar area	36 (26.3)	23 (16.8)	13 (9.5)	4 (11)
Tongue	24 (17.6)	19 (13.9)	5 (3.7)	2 (8.3)
Ant. pillar	13 (9.5)	11 (8.0)	2 (1.5)	0 (0)
Hard palate	8 (5.8)	1 (0.7)	7 (5.1)	0 (0)
Post. pharyngeal wall	5 (3.6)	1 (0.7)	4 (2.9)	2 (40)
Total	137 (100)	84 (61.3)	53 (38.7)	10 (0.7)

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(Carotid sheath)가 5 137
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, 가 8)
가 3 48
5)8)9)
가
Honer syndrome, 가
7)12)
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가 ,
가 가
가 가
Ocular pneumoplethysmography(OPG)가 48 가
가
1)5)9)10)
, (stellate gan-
glionic block), (thromboendarter-
ectomy), (balloon catheter)
가 3)5)6)

중심 단어 :

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