

제 1 형 갑상성형술

남 순 열

Type 1 Thyroplasty

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(median)

치료 방법 선택에 있어서 영향을 주는 인자들

기능 회복의 예후 인자 (intermediate)

가

가

가

가 (videoendoscopic)

성대(Vocal fold)의 위치

가

videoendoscopy

Wagner Gro - , 3

ssman , 가 (vo-

cal process) . Isshiki

가 Ishikawa tomography

(paramedian)

가 50%

: , 138 - 736 2 388 - 1

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Neuman 3 HRCT

음성수술의 역사
(Phonosurgery)

가

1911 Brning
(intracordal injection)
(paraffinoma)

가

가 (Teflon), tan-
tulum powder, gelfoam,

가

1915 Payr

(Fig. 1A) 1952 Meurnan 가

가

(Fig. 1B), 1955 Opheim

제 1형 갑상성형술(Type 1 Thyroplasty)
또는 내측화 후두성형술
(Medialization Laryngoplasty)

(Fig. 1C). 1968 Sawashima

Meurnan Opheim

(Fig. 1D), 1972 Kamer

and Som

(Fig. 1E). 1975 Is-

shiki

(laryngoplasty)

(laryngeal framework surgery)

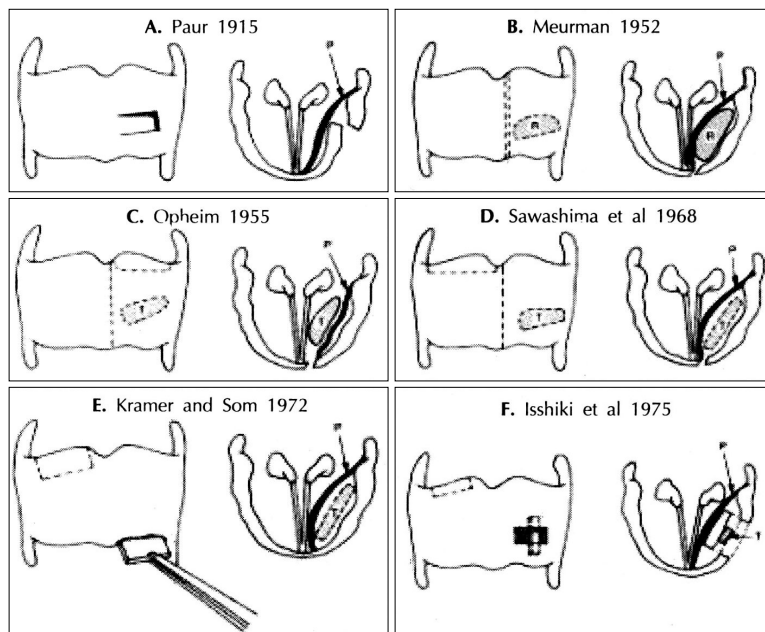


Fig. 1. The development of medialization laryngoplasty (p = perichondrium ; R = rib cartilage ; T = thyroid cartilage).

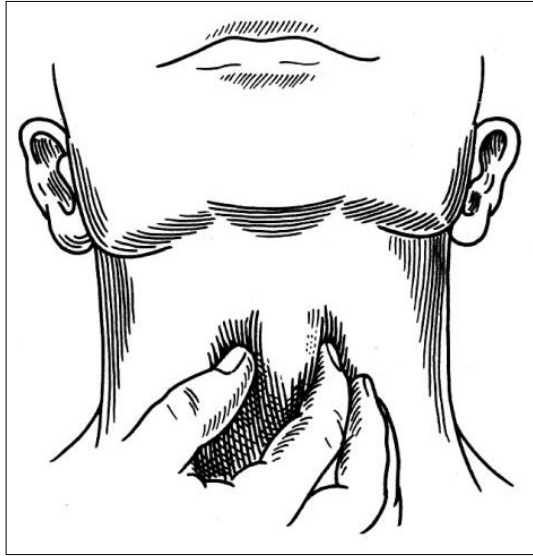


Fig. 2. Manual compression test.

(Fig. 1F).

수술전 검사

가

가

(manual compression test, Mann's test)

(Fig. 2).

가

수술방법

4~5 cm

(Fig. 3).

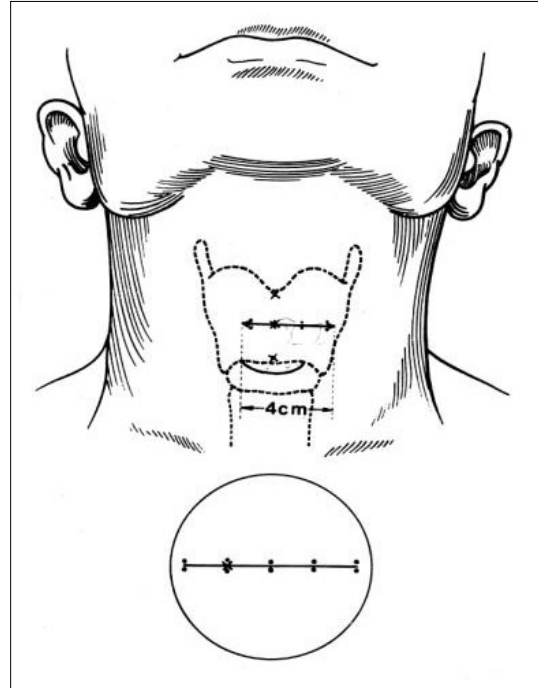


Fig. 3. Skin incision for thyroplasty type I on the left.

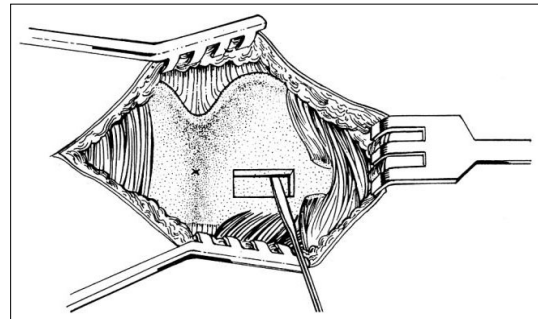


Fig. 4. After the complete cut, the margin of the window frame is separated between the cartilage and inner perichondrium with a fine elevator. Never break through the inner perichondrium.

가

(window)

(Fig. 4).

5~6 mm,

10~12 mm

4~5 mm,

8~10 mm

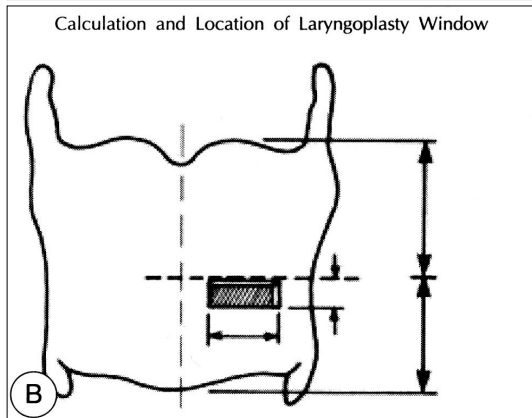
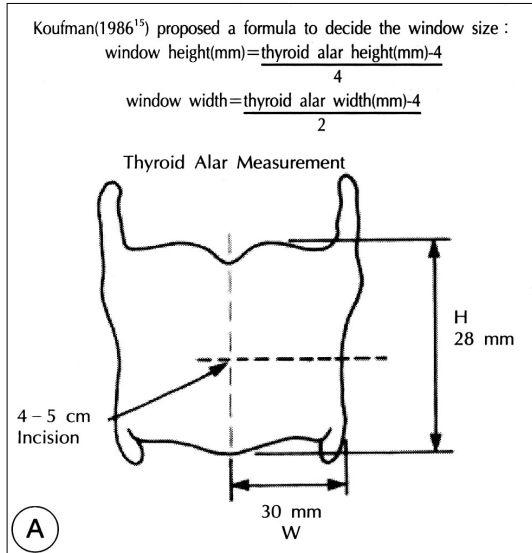


Fig. 6. Medialization laryngoplasty : calculation and location of laryngoplasty window.

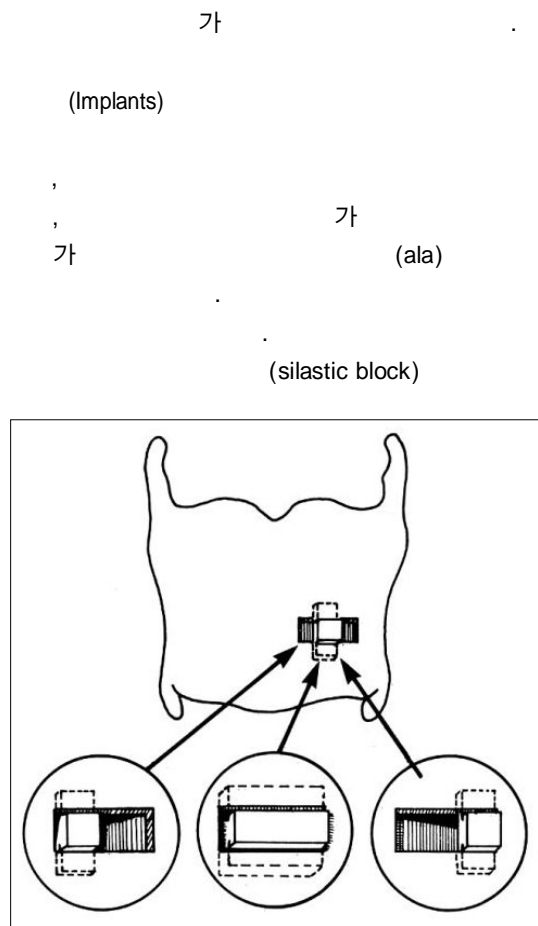


Fig. 7. Medialization laryngoplasty : The completed procedure showing variations in position and size of type A implant.

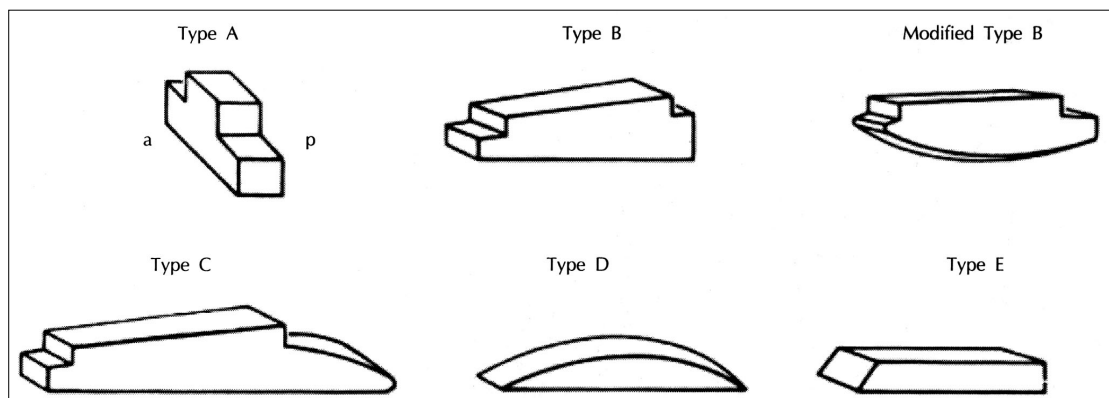


Fig. 8. Silastic implant shapes employed in medialization laryngoplasty.

type B (Fig. 8). 가 (Figs. 9 and 10)
1 : (window)

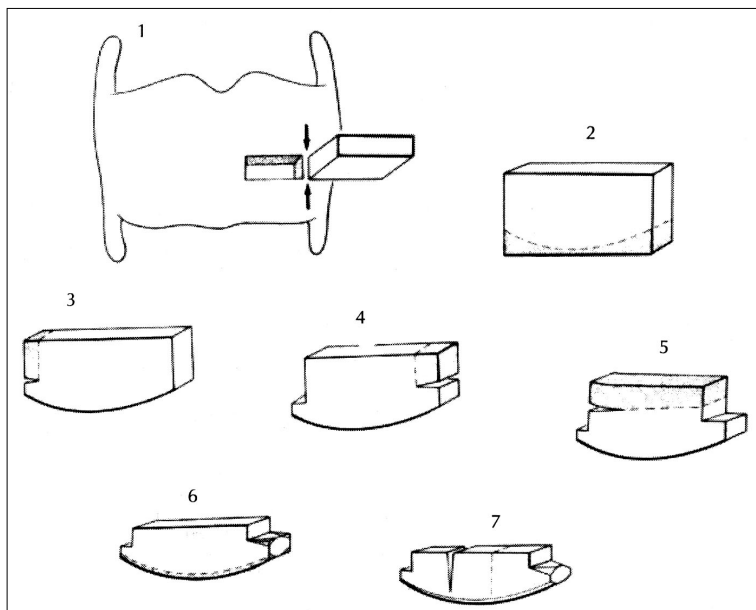


Fig. 9. Technique for creating the modified type B silastic implant for medialization laryngoplasty.

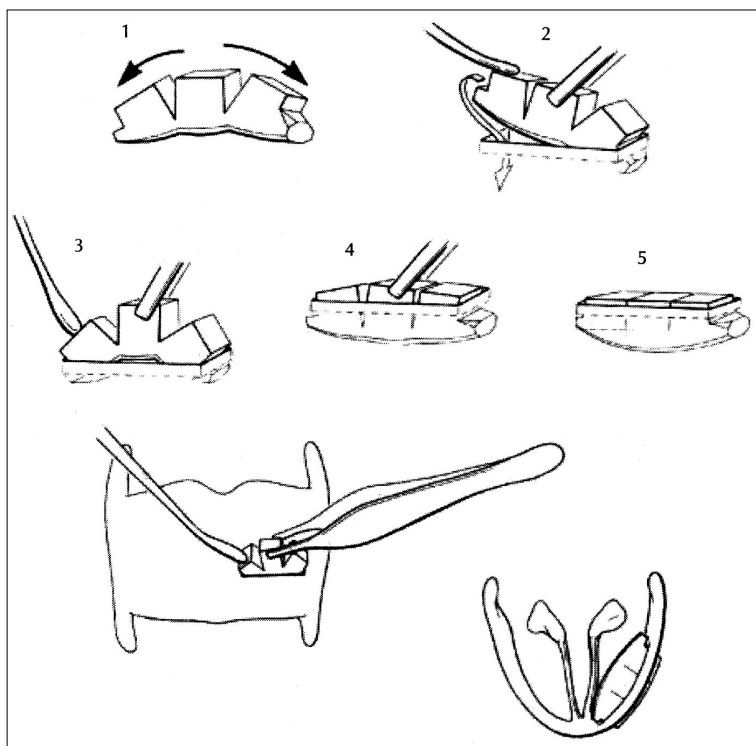


Fig. 10. Technique for inserting the modified type B implant.

mm × 15 mm × 10 mm
 1 mm
 2 : 1 mm
 3 :
 lip (1~2 mm).
 4 :
 5 :
 6 :
 7 : 1 mm
 가

4~5

Table 1. Indication

Arytenoid adduction alone
Lowers position of the vocal process
Medialized the vocal process and vocal fold
Rotates the arytenoid cartilage
Medialization laryngoplasty
Thickens the mid-membranous vocal fold
Increases stiffness of mid-membranous vocal fold
Combined medialization and arytenoid adduction
Medialized the vocal fold
Closes posterior gap
Rotates the arytenoid cartilage
Stiffens midmembranous vocal fold

Hydroxyapatite

Goretex

Isshiki

(Indication)

polytetrafluoroethylene(Te -
 flon) absorbable gelatin sponge(Gelfoam)
 (glottic incompetence)

Netterville

feedback

가

1

가

가

screw

가

가

(Supplemental procedures)

Isshiki

가

(Fig. 11).

1

2

3

(cricothyroid approximation)

4

4

(cricothyroid muscle)

Isshiki

4

1

1

1

1

Table 2. Variables in medialization thyroplasty

Placement of thyroid cartilage window
Placement based on Isshiki model
Vary anteroposterior limits based on shim design (avoid anterior third)
Vary superoposterior limits based on shim design (avoid ventricle)
Management of inner perichondrium
Preserve
Anterior-based flap
Incise or excise
Implants
Silastic (preformed or carved)
Hydroxylapatite (VoCom system)

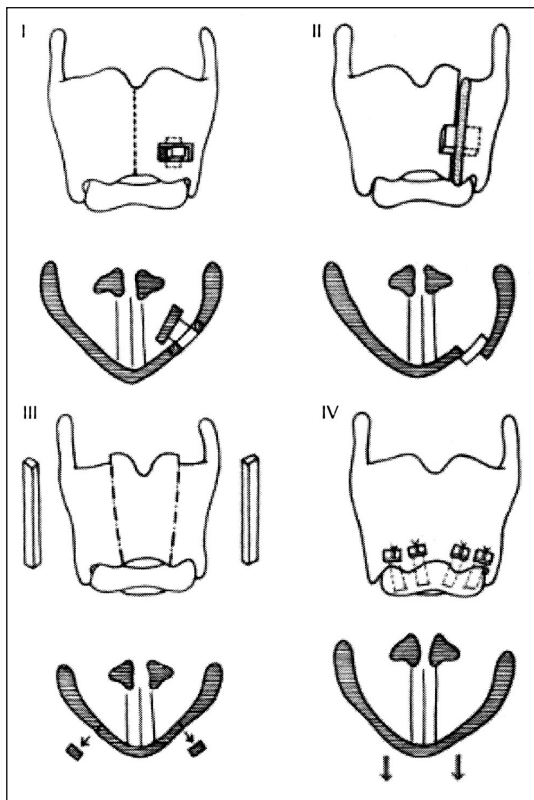


Fig. 11. Four types of thyroplasty. Type I medialization of the vocal cord ; type II lateralization ; type III relaxation (A-P shortening) ; type IV stretching (cricothyroid approximation).

가 (arytenoid adduction)
 1
 가
 1
 가 가
 가
 가
 가 (lumen)
 가 (arytenoid adduction)
 (sternohyoid muscle) Netterville
 (cricothyroid membrane)
 1
 1
 1) 가
 , 2)
 , 3) , 4)

중심 단어 : 1

:

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