

Enlarged Translabyrinthine Approach로 치료한 재발성 청신경종양 1예

순천향대학교 의과대학 이비인후과학교실
김장묵 · 김재욱 · 백병준 · 오천환

A Case of Relapsed Acoustic Neuroma Removed by Enlarged Translabyrinthine Approach

Jang Moog Kim, MD, Jae Wook Kim, MD, Byung Joon Back, MD and Cheon Hwan Oh, MD
Department of Otolaryngology-Head and Neck Surgery, Soonchunhyang University College of Medicine,
Cheonan, Korea

—ABSTRACT—

Several approaches to the cerebellopontine angle and internal auditory canal have been described for the removal of acoustic neuroma. The standard translabyrinthine approach has been modified into the enlarged translabyrinthine approach by extending the area of bone removal. This has significantly increased the surgery field thus making it advantageous for the removal of acoustic neuromas all size. We removed a large acoustic neuroma by the enlarged translabyrinthine approach. (J Clinical Otolaryngol 2002;13:204-207)

KEY WORDS : Acoustic neuroma · Translabyrinthine approach.

서 론

1)
,
, S
1964 William House
S
Schw-
ann
(Enlarged translabyrinthine approach) Maged
B Mario Sanna
(large acoustic neuroma) 가 가
2)
(suboccipital approach)
(large acoustic neuro-
ma)
: 2002 6 28
: 2002 12 22
: , 330 - 721 23 - 20
: (041) 570 - 2364 · : (041) 579 - 9022
E - mail : headneck@sparc.schch.co.kr

증례
 46 가, 1998 1 10
 63 dB
 Gadolinium enhanced T1 MRI
 4 x 3 cm
 (Fig. 1). 1998 1 15
 (suboccipital approach)
 2001 3
 88.3 dB

(ABR) wave forma-
 tion . Brain CT with contrast enhance-
 ment 3 x 2 cm (Fig. 2),
 , 2002 1 11
 (Enlarged translabyrinthine approach)
 3 cm C
 가
 S

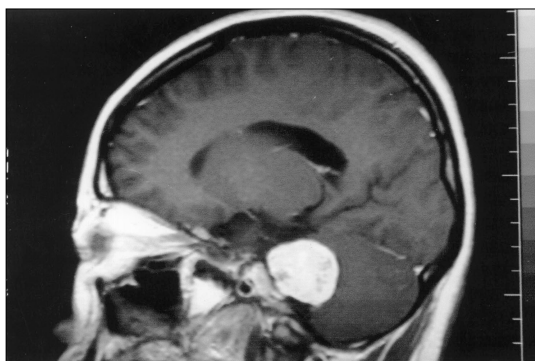


Fig. 1. MRI of brain (Sagittal T1 image) after gadolinium showing a large tumor consistent with an acoustic neuroma.

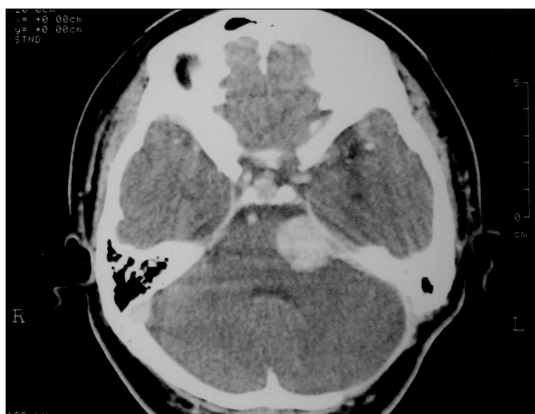


Fig. 2. CT scan showing left recurrent large cerebellopontine angle tumor consistent with an acoustic neuroma.



Fig. 3. Intraoperative enlarged translabyrinthine exposure of sigmoid siuns (black arrow), middle cranial fossa dura (arrow head), posterior cranial fossa dura (white arrow).

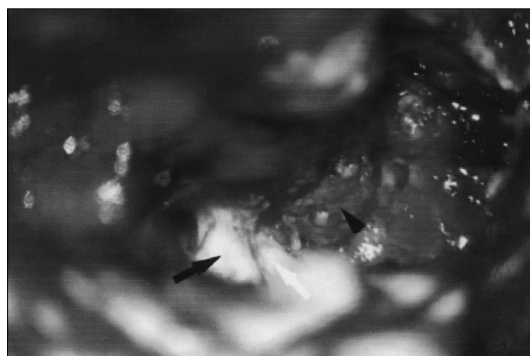


Fig. 4. Intraoperative enlarged translabyrinthine exposure of a left acoustic tumor (arrow head), Inferior vestibular nerve (black arrow), Facial nerve (white arrow).

S

3 x 2 cm

고찰

(Figs. 3 and 4),

(obliteration)

가

1777 Sandifort가

8%,

90%

40~50³⁾

2 House - Brackmann grade

5

CT, MRI

grade

4

가

MRI

Gadolinium enhanced T1

(Fig. 5),

1

2~3 mm

가

Temporal bone CT

(Fig. 6).



Fig. 5. Acoustic neuroma reveals two morphologic patterns : Antoni A-densely packed cells with small, spindle shaped, densely staining nuclei (black arrow) and Antoni B-looser cellular aggregation of vacuolated, pleomorphic cells (white arrow)(H&E, x 200).

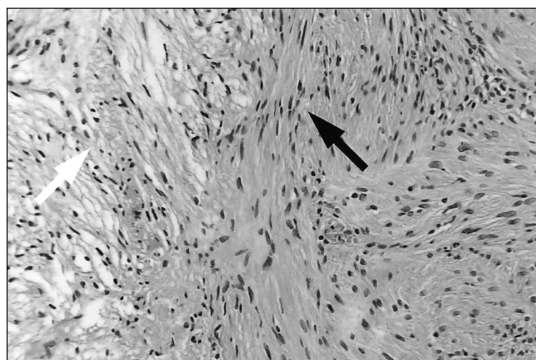


Fig. 6. Postoperative CT scan showing total tumor removal.

Jackler⁴⁾ Tos⁵⁾
 small(1.0 cm), medium(1.1~2.5 cm), large(2.6~4.0 cm), extralarge(4.0 cm) 5

(suboccipital approach),
 (tranlabyrinthine approach),
 (middle fossa approach), (posterior
 labyrinthin approach), S (posterior
 sigmoid sinus approach)

가

가

가

가

tumor) .⁶⁾ , (large
 가
 .⁷⁾ (Enlarged translab-
 yrinthine approach) S , ,
 ,
 (large tumor) 가
 . 3000
 0.2% , Cerullo 10
 1%
 5 .⁸⁾⁹⁾
 (large tumor)

중심 단어 :

REFERENCES

- 1) Zappia JJ, Micco AG, Richard JW. *Surgery of the skull base* In: Ballenger JJ, Snow JB, editors. *Otorhinolaryngology-Head and Neck Surgery*. 15th Ed. Philadelphia: Lea & Fe-
- 2) Mageo BN, Essam S, Yasar C, Mario S. *The enlarged translabrynthine approach for removal of large vestibular schwannomas*. *J Laryngol Otol* 1994;108:545-50.
- 3) Higgs WA. *Sudden deafness as the Presenting symptom of acoustic neurinoma*. *Arch Otolarygol* 1973;98:73-7.
- 4) Jackler RK. *Acoustic neuroma*. In: Jackler RK, Brackmann DE, editors. *Neurotology*. St. Louis: Mosby Year Book;1994. p.729-85.
- 5) Tos M, Thomsen J. *Synopsis on disagreements in measuring tumor size at the Copenhagen acoustic neuroma conference*. In: Tos M, editor. *Proceedings of the first international conference on acoustic neuroma*. Amsterdam: Kugler;1992. p.3-6.
- 6) Friedman RA, Brackmann DE, Nan Loveren HR, Hitselberger WE. *Management of the contracted mastoid in the translabrynthine removal of acoustic neuroma*. *Arch Otolarygol Head Neck Surg* 1997;123:342-4.
- 7) DiTullio MV, Malkasian D, Rand R. *A critical comparison of the neurosurgical and otolaryngological approaches to acoustic neuroma*. *J Neurosurg* 1978;48:1-12.
- 8) Cerullo CJ, Grutsch JF, Osterdock R. *Growth of recurrent vestibular schwannomas in patients in whom the preservation of cranial nerve function is routine*. *J Neurosurg* 1993; 78:349-52.
- 9) House WF, Slattery III, Brackmann DE. *Results of surgery following stereotactic irradiation for acoustic neuromas*. *Am J Otol* 1995;16:315-21.