

편도아데노이드 절제술 후 발생한 경부 및 안면 피하기종 1예

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박용진 · 황성재 · 채세용 · 김홍래Cervical and Facial Subcutaneous Emphysema after
Tonsillectomy and Adenoidectomy : A Case ReportYong Jin Park, MD, Sung Jae Hwang, MD, Sayong Chae, MD and Hong Rae Kim, MD
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-ABSTRACT -

Although tonsillectomy is considered a relatively safe surgical procedure, numerous complications have been described. The common complications are hemorrhage, infection, and, following anesthesia, aspiration, cardiac arrhythmia, and laryngeal trauma. Subcutaneous emphysema and pneumomediastinum are rare complications of tonsillectomy. Treatment is generallyly expectant, and involves frequent assessment of the airway and extent of the emphysema. We report a patient in whom subcutaneous emphysema developed shortly after a tonsillectomy with a review of the related literature. (J Clinical Otolaryngol 2004;15:307-310)

KEY WORDS : Tonsillectomy · Subcutaneous emphysema · Mediastinal emphysema.

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증 례

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2)3)

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(Bovie electrocautery)

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1 cm

vicryl 4-0 (Fig. 1).

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(Fig. 4). 8

(Fig. 2).

(crepitus)

가

(Fig. 3).

고 찰

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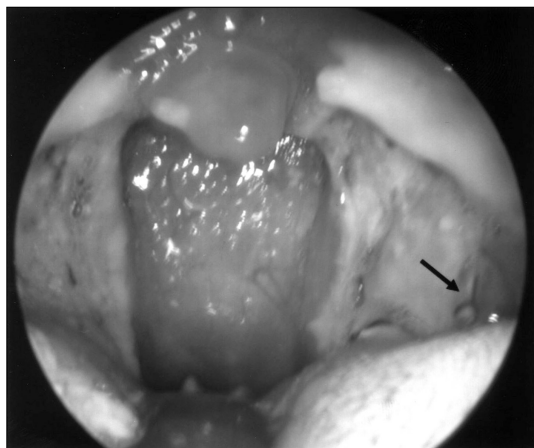


Fig. 1. The site of injury in Lt. tonsil bed (arrow) which was sutured by vicryl 4-0. This picture was taken after tonsillectomy (1 day later).



Fig. 2. The picture of the face which was taken in front of the patient after the operation (6 hour later). Subcutaneous emphysema was from the eyes to the upper chest. The patient could not open both eyes due to subcutaneous emphysema of the upper and lower eye lids.

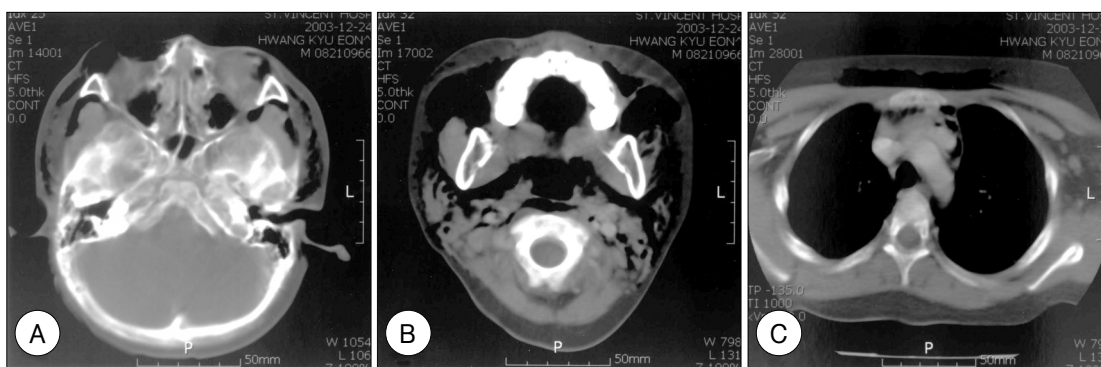


Fig. 3. Three computed tomography scans at the nasal bone level (A), the parapharyngeal and tonsil level (B), and the carina level (C). (A) shows that air involvement extended up to the eye lids and the temporal space and (B) shows that subcutaneous emphysema involved the parapharyngeal space, retropharyngeal and buccal space and (C) shows that air bubble extended down to the mediastinum and the anterior chest.



Fig. 4. The picture of face. Subcutaneous emphysema was markedly subsided (5 day later after tonsillectomy).

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(traumatic intubation), (impaired anesthetic circuits), (excessive positive airway pressure ventilation), (excessive manual ventilation)³⁾⁹⁾¹⁰⁾¹⁵⁾

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(porous surface)

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1953 Kasantsevaks 2~5

19 가

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14)

(surgical plane)

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중심 단어 :

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