

이완부 진주종의 진행경로에 대한 임상양상

전영명 · 박기현 · 신상준 · 김보형

Clinical Appearances on the Extension of Attic Cholesteatoma

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ABSTRACT

Background and Objectives : Attic cholesteatoma which develops from the papillary or retracted from progresses through various anatomic sites such as the mesotympanium, the mastoid process and the epitympanium. Although the most common site for attic cholesteatoma is the lateral attic space, it has also been found frequently in the medial attic space. We hoped to understand the pathogenesis of attic cholesteatoma through clinical analyses in order to contribute to the cholesteatoma treatment. **Materials and Methods** : We chose 60 attic cholesteatoma patients showing attic retraction or perforation. These cases of attic cholesteatomas were classified into either the lateral or the medial types depending on the main site of occurrence. They were further classified into anterior, posterior and inferior types according to the direction of cholesteatomatic progression. **Conclusion** : The accurate assessment and clear understanding of the pathogenesis of different forms of cholesteatoma enabled a successful operation and helped to minimize the operative field. (**Korean J Otolaryngol 1998;41(1):32-36**)

KEY WORDS : Attic cholesteatoma · Pathogenesis.

1)2)3)

Prussack's space

(epitympanic recess)
(mesotympanium)
1) Prussack's space (scutum)

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Prussack's space
(lateral incudal space)

(la-
(Fig. 1),

33.5)

8 64 (

1.1 : 1 . 60

(Fig. 2)

42%,

31%,

27% (Table 1).

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(protympanic recess)

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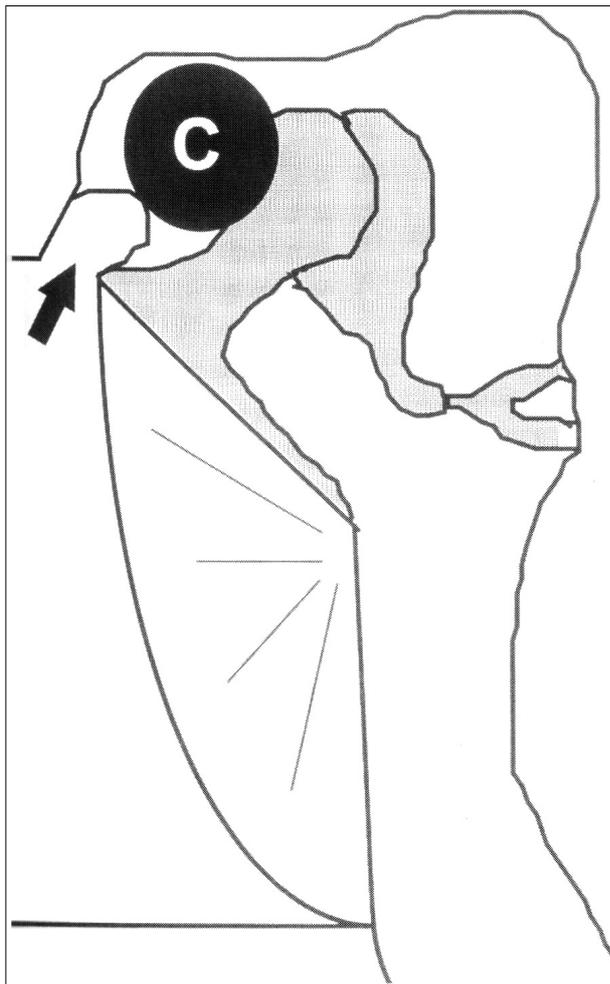


Fig. 1. The lateral type of attic cholesteatoma - Cholesteatoma (C) is mainly located in the lateral side of the ossicle. The arrow indicates the attic retraction or perforation.

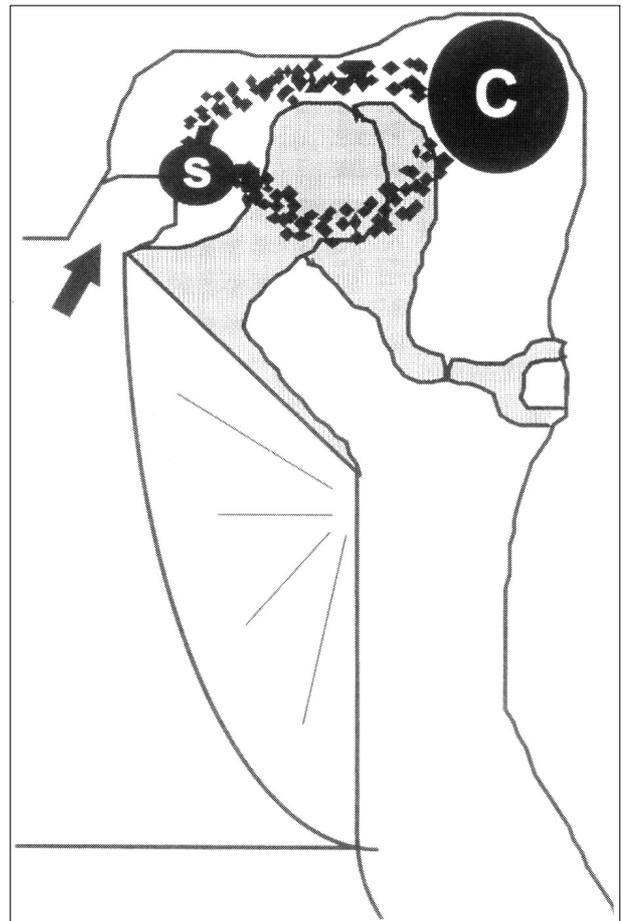


Fig. 2. The medial type of attic cholesteatoma - The large cholesteatoma (C) which is located in medial side of the ossicle is connected with the small cholesteatoma (S) which is located in lateral side of the ossicle through one more tract () The arrow indicates the attic retraction or perforation.

Table 1. Incidence of attic cholesteatoma

Type	Cases	(%)
Lateral type	19	(31)
Medial type	16	(27)
Undetermined type	25	(42)
Total	60	(100)

Table 2. Incidence of extension route in lateral type

Extension route	Cases	(%)
Anterior	3	(14)
Posterior	10	(46)
Inferior	2	(9)
No extension	7	(31)
Total	22	(100)

Table 3. Incidence of extension route in medial type

Extension route	Cases	(%)
Anterior	7	(29)
Posterior	5	(22)
Inferior	8	(37)
No extension	3	(12)
Total	22	(100)

Table 4. Incidence of ossicular destruction

	Medial Cases	Type (%)	Lateral cases	Type (%)
Suprastructure	5	(28)	10	(36)
Infrastructure	11	(61)	10	(36)
No destruction	2	(11)	8	(28)
Total	18	(100)	28	(100)

Table 5. Incidence of lateral semicircular canal fistula

Type	Cases	(%)
Medial	2	(8)
Lateral	0	(0)
Total	2	(100)

suprastructure , 61%
 infrastructure가 ,
 가 (Table 4).

2
 (Table 5).

가

가

가

Wullstein ¹⁾
 (anterolateral), (anteromedial),
 (posterolateral), (posteromedial)

(Shrapnell)
 von Troeltsch

von Troeltsch (anterior
 malleal fold)

가 ,

antelaby -
 rinthine trigone (protympanic recess)

, von Troeltsch

Prussack's space

가

46% 가

(Table 2),

(37%) ,

(29%) (Table 3).

infrastructure

(posterior accessory fold) 60 100%

von Troeltsch 가 , Abramson 4)

(medial epitympanic fold) 가

labyrinthine tegmental wall 가 가

(crus commune) postlabyrinthine rhomboid

Nevo contact inhibition

Wullstein Snow 5) Rogers

가

가 Litton 6)

가 , Sade 2)

Prussack's space 가

가 가 72 2

Nager³⁾ Wullstein 1)

pneumatization , hypocellular 가

Suzuki 7) Russo 8)

가 가 , Suzuki 7) 27

eumatization, , hypocellular pn- 10 35%

superstructure가, 24% 가

Derlacki⁹⁾

가

가 Sade 2)

가

