Tracheal Fibroma (one case report)

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Primary tumors of trachea are rather uncommon, and few cases of direct surgical excision were reported in the literature. Recently we had the opportunity to see a patient with a benign obstructing tumor of the trachea which was confirmed as fibroma. The patient has complained of intermittent dyspnea, especially during inspiratory phase, dry cough and wheezing of a strident character for last 8 years. Bronchoscopy or bronchography were not attempted because of severe dyspnea. Trachea tomogram revealed oval mass at the terminal trachea. The right posterolateral thoracotomy was performed. Tumor, 2.5×1.7 cm in size, was located at terminal trachea and removed through right lateral tracheotomy without difficulty. Postoperatively all the symptoms and signs disappeared.


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Fig. 1. Tomogram of the trachea shows oval mass at the lower end of the trachea.

Fig. 2. Resected specimen.

Fig. 3. Microscopic findings of fibroma shows interlacing bundles of fibrous connective tissue, particularly of collagen tissue.

急速気管閉塞가出现하면，第二의 마취용 기관내경을 右側 主気管支에 懸念 심하게 풀어 換気할 것을 計劃했으며 또한 準備을 完了하였다．右側側後方 開胸으로 気管下端에 接近하였으며 腫瘍이 부분해 있는 気管下端의 右側方의 膨脹気管を 3cm 鍵切開하여 粘膜下에 位置한 종양을 쉽게 除去할 수 있었고 気管切開創으로 過한 마취가의 漏出는 優先하였으며 切開術是 3-0 線로 規定하였다．全體鉗鉄은 鍵開創으로 그 크기는 X-線에서 본 바와 같았으며 皮膚は 鋒ができ 고 음기가 있었고 淡黄色を 具하였으며 硬度는 軟らか도 있다．(Fig. 2)

病理組織學的 所見：腫瘍は 極度 硬く 組織を 組成している と 腫瘍の 上部이나 気管の 移行 部位に 서 약간의 squamous metaplasia가 있었고 悪性変化는 없었다．(Fig. 3)

考察

気管内に 発生する 原発性 腫瘍は 頻繁に 報告されているが，気管の 部位に 悪性腫瘍の 稀な 症例を 例として ある．報告例には 気管の 腫瘍が 発見された 例が多い．良性腫瘍は 通常 原発性 腫瘍で，悪性腫瘍の 稀な 例外を 例もある．(1953년 Gilbert의 546 case의 보고에 의하면 腫瘍이 92.1%로 的 多半を 占め고 0%만 약 半数에서 悪性腫瘍이 있었다고 한다． 良性腫瘍에서는 Osteochondroma가 29.4%，
Papilloma 16.4% fibroma 11.7%었다. 소아에서의 적
성화는 드물고 그 번역도 성인의 것과는 달리 보고
되고 있다. 각막 빈 경우에는 기관하부가 제일 많고, 상부 1/3
이 그 다음이었다.

본 보고의 경우 향후이 위치상으로 기관하부에 발생
했다.

통증은 향후이 기관기관을 동반하여 제거하였는데 차
층 및 나이로의 가해가 진화 는 소아에게 나타나, 작을 것으로
시작하여 허나 강화가 되었다.

Jarvis 등은 진단의 기관의 절제 및 그 재건술을 임
명하며 좋은 성과를 보였다.

기관 건강인 사용에는 탄탄한 금속을 보면 Clagett 등은
plastic을, Rob와 Bateman은 근막과 tantalium wire
mesh gauze를 넣어 사용하였고, Jarvis는 stainless
steel tube를 Evans는 full thickness skin graft을.
Belsey는 근막과 절사를 모두 사용하였다.

마취 문제를 얻기한 보고는 별로 없으나 Evans에
따라하여 기관내의 myxochondroma를, 기관하부의
tracheostomy tube를 동반하여 전신마취를 하고 경로로
접근한 수술을 시행하였다 한다.

여러한 기관질환을 조사하는 것은 비교적 어렵고 지
연되는 경우가 많다. 보통 갈리 X-선에서만 발견되지
않으며 단속이 없는 경우 거의 모르고 지나게
된다. 진단은 단순 만성, 후두경 및 기관기관으로 할 수
있다. 후두의 경우처럼 천식으로 진단이 되었고, 내과의
치료에도 반응이 없을 경우, 또는 청취되는 두통의 성인
이상으로 새로운 때는 소아도 페쇄를 보이는 환자를 수작
해 보는 것도 유의한 일일 것이다.

결

론

本 教案에서 수술에 있어 기관감동증 一例를 文献考
察과 함께 報告한다.

REFERENCES

1) Gebauer, P.W.: Further Experiences with
Dermal Grafts for Healed Tuberculous Stenosis
2) Gilbert, J.G. Mazzarella, L.A.; Feit, L.J.: Primary
Tracheal Tumors in the infant and
adult, A.M.A. Arch. Oto. Laryng. 58:1, 1953.
3) Jarvis, F.J.: Discussion of Reference 2. J.
4) Clagett. O.T., Grindlay, J.H., and Moersch,
Herman J.: Resection of the trachea. An Exper-
imental study and Report of a Case, Arch.
5) Rob, C.H., and Bateman, G.H.: Reconstruction
of the Trachea and Cervical Esophagus, Brit.
6) Evans, B.H.: Myxochondrome of the Trachea:
7) Belsey, Ronald: Resection and Reconstruction