表1　各國鼻咽癌發生率的比較

發　表　者	地　方	觀察時間	例子	No/每年	注
杜 (1970)	地　北	5年	839	167.8	
Yamashita	臺　北	7.75年	41	5.3	
Digby (1941)	香　港	8	114	14.3	
Meke (1954)	新加坡	6	120	20.0	119華人
Lawley (1956)	新加坡	8	185	23.1	
Djoio Pranoto	砂勞越	11	502	45.6	111華人
Rao (1966)	Delhi	3	32	10.7	

(1)各國ＮＰＣ發生率的比較

表2　NPC 病人之早期及初診的症狀或表徵*

症狀或表徵	早期症狀		初診所見	
	No.	%	No.	%
頸部淋巴結腫脹	391	40.5	729	75.5
頭痛	159	16.5	490	50.7
出血	345	35.7	638	66.0
鼻症狀	249	25.8	507	52.5
耳症狀	270	27.9	666	68.9
腦神經異常	44	4.6	214	22.2
其他	17	1.8	92	9.5

*以臺大醫院耳鼻喉科1969-1975年間遵照醫囑完全診治之966位 NPC 爲據

(2)NPC病人之早期及初珍的症狀或表徵

表3　820個例子鼻咽癌症狀情形

症　狀	初　期		末　期	
	數　目	百分比	數　目	百分比
1.頸部淋巴腫	308	37.6	531	64.75
2.頭痛頸痛	129	15.7	400	48.8
3.口或鼻出血	244	29.8	535	65.2
4.鼻或鼻咽症狀	190	23.2	422	41.4
5.耳部症狀	213	25.9	560	68.3
6.神經症狀	38	4.6	192	23.4
7.其它	9	1.97	78	9.51

(3)NPC初期與末期症狀的比較

PROPHYLAXIS OF RHEUMATIC PATIENTS IN DENTAL THERAPY

鍾漢榮

Dentists are trained to be perfect, so they are expected to mend a decay tooth meticulously, to extract a residual root tip with least trauma. But there is always the intrusion of some emergent episode while the dentists must handle it preliminarily. These problems are usually derived from the vital organ-the heart.

This essay is mainly concentrated in rheumatic infection correlated to dental therapy Rheumatic fever is an inflammatory disease which occurs as delayed sequel to pharyngeal infection with group A Streptococci. It involves principally the heart, joints, CNS, skin and subcutaneous tissues.

Concept: Why the operated heart or defected cardiovascular structure are prompt candidates of rheumatic infection?

Theories: Mechanical-
For example, in the V.S.D. case, when the left ventricle contracts, a forceful blood stream is ejeculated into area A (Diagram 1) of right ventricle, this area is sustained to mechanical impact about 60-80 times per minute. It gradually becomes a weak point of the heart. Resistance to infection is decreased.

Immunologic-
Some physician manifestates rheumatic endocarditis as an autoimmune disease because the rise of titer of gamma globulin and streptococcal membrane antigens in this kind of patients. Living bodies are balance system and since a specific type of globulin is produced massively and concentrates in the heart. Thus the production of other type of globulin is comparatively decreased, so the other organs become more susceptible to infection.

Non-biological implant-
Artificial valves can easily harass the bacteria and keep the microbial colonies there without any defence response, and it may finally becomes an infectious focus.

Prophylaxis for dental patient with rheumatic heart disease:
(Bulletin of American Heart Association 1979)

1) Penicillin G.V are the drug of choice, no other antimicrobial drug is as effective as pc G and least toxic in treatment of Streptococcus A infection.

2) IM is more effective than par oral.

3) Antibiotic coverage 24-48 hours before procedure, but 1-2 hours premedication is also acceptable since it can rise to sufficient blood level within 30-60 min.

4) Optimum doses of penicillin have not been clearly established. Dentists must consider the doses for individual patient and their systemic response.

5) For most patients, IM 600,000 units of procaine penicillin G mixed with 200,000 units of crystal penicillin G an hour before procedure, q.d. for 3 days after procedure.
Oral, 500 mg Pc V.1 hour prior to the operation, 250 mg q6h afterwards.
For patients who are allergic to Pc, 500 mg erythromycin, 1.5-2 hours prior to operation and 250 mg q6h for 3 days.