

RESOLUTION OF ISCHEMIC COLITIS WITH HBO TREATMENT



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Case Report

39-year-old male with a history of recurrent diverticulitis had a partial sigmoid resection. Post-surgical CT findings showed ischemic proctitis from suture line to the anal verge. Further evaluation showed chronic inferior mesenteric arterial occlusion and microperforation of colon. He developed pain, bloody stools and rectal bleeding. Patient was prescribed a course of mesalamine and prednisone 40 mg p.o. with no improvement. The surgical team was interested in any interventions that could avoid additional surgery. He was referred to hyperbaric medicine to determine if this could be helpful for him.

Methods

- Hyperbaric oxygen treatments were given at 2.4 ATA daily for 90 mins.
- Patient completed bowel symptoms questionnaire and an EQ5D quality of life questionnaire at beginning and end of treatment.
- The bowel symptom questionnaire include questions about frequency, blood, pain, and urgency and had a maximum score of 17.
- The EQ5D visual analog scale goes from 0-100 where the patient rates their health. 100 is the best health they can imagine and 0 is the worst health they can imagine.

Outcome

- Hyperbaric oxygen treatments were stopped after 35 treatments as it was felt the acute phase was over and CT showed absence of any colitis or intestinal leakage.
- Sigmoidoscopy done after hyperbaric treatments showed the end-to-end colo-anastomosis had healthy appearing mucosa and the ulceration had healed. No edema, colitis, or intestinal leakage were present.
- 3 months after stopping HBO, complete healing and no edema

Time	Bowel Score	EQ5D VAS
Pre HBOT	4	85
Post HBOT	0	90

Summary

- Hyperbaric treatments provided a non-invasive procedure for complete healing.