Discussion

Gastroenterologia 1956;86:713-714

The Conservative Treatment of Ulcerative Colitis

A.

Bychovsky

Tel-Aviv

My material covers 40 ambulatory patients treated by me for ulcerative colitis for periods ranging from 1 to 10 years. Ten of these were moderately severe and four were admitted to hospital because of toxic states and severe anaemia.

Aetiology. A definite aetiology could not be found. In a few cases the beginning of the illness coincided with emotional stresses. None had definite allergic manifestations. We have not succeeded in isolating either diplostreptococci or shigella. Of course the difficulty in isolating the causative organism in cases of chronic bacillary dysentery is well known.

Occasionally *E. histolytica* was found. Amoebiasis is very common in our country and it is difficult to estimate the role played by the amoebae, whether as a primary aetiological factor or as a secondary or a coincidental infection. In any case they certainly influence the acuteness and course of the disease.

Diagnosis was established by the clinical picture of bloody diarrhoea, fever bouts, weight loss and anaemia, and by typical rectoscopic findings of inflammation and bleeding ulcers. I would like to point out that I have seen cases of neglected amoebiasis, especially among new immigrants, in whom the rectoscopic picture was indistinguishable from that of idiopathic ulcerative colitis. Only the prompt response to specific antiamoebic treatment established the diagnosis.

Treatment. The patients received a high protein high vitamin diet with abundant fresh fruit and vegetables including citrus fruit, pomegranates etc., supplemented by vitamin preparations both per os and parenterally. This is in accordance with the hypothesis of many that ulcerative colitis is a haemorrhagic diathesis due to vitamin deficiency.

My patients received large doses of dermatol per os and as little opium as possible. A few patients received antibiotics, sulpha drugs and cortisone, but I have not been impressed by the results. Treatment with these drugs in my cases has not resulted in a considerable and sustained improvement. Lately I have tried enemata with Nisulfazole in a few cases. My experience with it is as yet very limited but my first impression was favourable.

Local treatment. Often the ulcerative process starts in the rectum and distal colon. This area, 25-30 cm, can be reached and treated by means of a rectoscope. Even when the ulcerative process extends further, I find that treating the distal sigmoid and rectum gives subjective relief and objective improvement.

714

Bychovsky

Congress 582

The local treatment by means of enemata with various drugs is an old and well known method. I have found that dry local treatment is more effective. By means of a pulverisator I introduce through the rectoscope powders such as dermatol, xeroform and sometimes aureomycin. The

ulcers are treated with silver nitrate 10%. I first treat the most distal area and gradually as the inflammation recedes and the ulcers heal, I advance upwards. When this treatment is done carefully by experienced hands it is not painful. The treatment is repeated twice a week until inflammation and the ulcers disappear, usually within 4-8 weeks. In the majority of cases, prolonged and great benefit was achieved after 8 weeks of treatment. Of more severe cases one has remained symptomless for eight years, three for 3-4 years, and one has had short exacerbations at intervals of 1-2 years.

Conclusion. In many cases of ulcerative colitis, satisfactory results can be achieved by conservative and symptomatic treatment, and by an adequate diet, as outlined above. I also value the local treatment by means of the rectoscope.

Wei», Jerome: Gastroenterologia 66, 714, 1956

Management and Therapy in Ulcerative Colitis By Jerome WEISS (New York)

Chronic ill health and concomitant economic losses continue to be the “price tags” of diarrheal disorders. Despite increasing medical knowledge, the diarrheal syndrome continues to be a serious medical problem. Colitis which implies an inflammation of the mucosa of the bowel may or may not be accompanied by diarrhea.

Diarrhea, if it needs a simple definition, is “frequent evacuation of loose and often watery stools”. We must appreciate that the gastrointestinal tract is a long tube containing intricate biochemical stations responsible for physiologic balances necessary for homeostasis. Any insult to this delicate mechanism results in diarrhea, which is an expression that the body is trying to eliminate the offending agent and to re-establish balance. Often this effort is rather violent, so much so that it becomes a serious problem in itself.

“The etiology of diarrheas”, according to authorities, “may be the abnormal irritation of the mucus membrane of the intestines by noxious substances, local ulcerations, the prolonged use of certain drugs, or as a symptom of general infectious diseases.” The introduction of antibiotics as therapeutic agents has created a syndrome referable to the gastrointestinal tract. Oral antibiotics, in many patients, produce disordered functions of the gastrointestinal tract which are manifested by