Variable magnetic fields in the conservative analgesic treatment of peritoneal adhesions

Abstract. In the study the therapeutic effects of variable magnetic fields applied as magnetotherapy and magnetostimulation were estimated in 20 patients with chronic abdominal pains resistant for routine pharmacological treatment caused by a creation of peritoneal adhesions after surgical interventions. As a result of 2 cycles of 15 daily procedures of both magnetostimulation and magnetotherapy, a significant decrease in pain intensity (from 9,05 to 2,05 points in VAS scale) and improvement of quality of life (increase from 23,25 to 87,75 points in EuroQol scale) were achieved.

Streszczenie. W pracy oceniano efekty terapeutyczne zmiennych pól magnetycznych stosowanych w formie magnetoterapii i magnetostymulacji u 20 pacjentów z przewlekłymi bолями jamy brzusznej opornymi na rutynowe leczenie farmakologiczne, wywołanymi przez zrosty otrzewnowe po zabiegach operacyjnych. W wyniku 2 cykli terapeutycznych obejmujących po 15 codziennych zabiegów magnetostymulacji i magnetoterapii uzyskano znamienne zmniejszenie nasilenia bólu (z 9,05 do 2,05 pkt. w skali VAS) oraz poprawę jakości życia (wzrost z 23,25 do 87,75 pkt. w skali EuroQol). (Zmienne pola magnetyczne w zachowawczym leczeniu przeciwbólowym zrostów otrzewnowych).

Keywords: variable magnetic fields, magnetotherapy, magnetostimulation, pleural adhesions, abdominal pain.

Słowa kluczowe: zmienne pola magnetyczne, magnetoterapia, magnetostymulacja, zrosty otrzewnowe, bóle brzuszne.

Introduction

Most of internal organs in the abdominal cavity is covered by a thin membrane, which is called peritoneum. Even small injury of peritoneum during surgical intervention can contribute to increased risk of creation of the peritoneal adhesions [1]. Peritoneal adhesions are a postoperative incorrect connections, that are sometimes formed upon or among particular internal organs from connective tissue (Fig. 1).

The peritoneal adhesions are observed in about 5-14% of patients subjected to surgical treatment. They occur most frequently after surgical operations performed in the lower part of the abdomen (intestinal operations, laparoscopy, gynecological operations). Caesarean section can also be the reason of peritoneal adhesions formation, and in this case it is practically very hard to avoid them [2]. It seems, that the most important factor producing the adhesions is material of thread used for surgical suture, however the total quantity of this material does not influence the extent nor the kind of adhesion [3]. The clinical consequences of peritoneal adhesions can be very differentiated. Usually little peritoneal adhesions can exist for many years without causing any complaints. However, sometimes the adhesions lead to appearance of chronic or recurrent strong pains of abdomen, which often require a wide clinical diagnostics and sometimes repeated hospitalizations. Besides, in young women the peritoneal adhesions could be a cause of infertility.

The mechanism of pain sensation caused by peritoneal adhesions is presented in figure 2.

In case of renewed operations the existing adhesions prolong the time of surgical intervention, cause technical difficulties during separation of fused tissues, and in consequence they bring about further damage of various abdominal organs, which enlarges the risk of serious postoperative surgical complications. The most serious consequence of peritoneal adhesions, occurring in about 5% of patients, as late complication after surgical intervention is a mechanical intestinal obstruction [4].
Regarding the confirmed in experimental and clinical studies analgesic, antiphlogistic, regenerative and anti-spastic effect of variable magnetic fields [6],[7] the aim of the study was to estimate the therapeutic efficacy of magnetotherapy and magnetostimulation in the treatment of chronic abdominal pains caused by multiple pleural adhesions as a complication of surgical interventions in the region of abdomen, which were resistant for routine pharmacotherapy with use of non-steroid analgesic drugs and also opioids.

Material and methods

In this clinical trial 20 patients (15 women and 5 men) in mean age 49,2±15,8 years were involved. All patients suffered from strong, chronic, recurrent or continuous abdominal pains as a result of multiple peritoneal adhesions after surgical interventions (in 12 patients repeated 2-5 times) in the lower region of abdomen. The patients were previously for a long time unsuccessfully treated by means of routine pharmacotherapy.

12 patients from first group were exposed to a cycle of magnetotherapy, that consisted of 15 daily 12-minute lasting exposures to variable magnetic field of sinusoidal course of impulse, frequency 40 Hz and induction 10 mT and next, and after 2-week interval, they were exposed to a cycle of magnetostimulation, that consisted of 15 daily 12-minute lasting exposures to weak variable magnetic field using JPS System basing on ion cyclotron mechanism and therapeutic program M2P2 with intensity level 8 (two modal pulses with frequency 180 – 195 Hz and induction100 μT). 8 patients from second group were exposed to 2 cycles of magnetostimulation each consisting of 15 daily exposures to weak variable magnetic field with physical parameters described above, performed with 2-week interval between them.

Before the beginning of first therapeutic cycle and next after the end of last therapeutic cycle all patients made a self-estimation of pain intensity (using a typical 10-point Visual Analogue Scale VAS - in which 0 point means lack of pain and 10 point means a maximal intensity of pain) as well as a self-estimation of quality of life (using 100-point EuroQol Scale, in which 0 points mean completely unsatisfactory quality of life and 100 points mean completely satisfactory quality of life) [8].

Results

As a result of 2 cycles of repeated daily procedures of magnetostimulation applied separately or a cycle of magnetotherapy with subsequent cycle of magnetostimulation, respectively, in all patients a significant decrease in pain intensity estimated by means of 10-point Visual Analogue Scale VAS was observed. The initial intensity of pain was in average 9,05±0,94 points, while after the treatment it decreased to 2,05±1,23 points (p<0,001).

Moreover in all treated patients a significant improvement of quality of life estimated in 100-point EuroQol analogue scale was obtained. The initial score in EuroQol scale was 23,25±13,21 points in average, while after the end of treatment it increased to 87,75±13,23 points (p<0,001).

The obtained effects were comparable in patients exposed to both therapeutic procedures. The initial intensity of pain in first group of patients was in average 8,83±0,94 points vs. 9,37±0,91 points in second group (p>0,05). After the treatment it decreased to 1,92±1,38 points in first group of patients vs. 2,25±1,04 points in second group (p>0,05).

The initial score in EuroQol scale in first group of patients was 29,17±13,11 points in average vs. 14,38±7,29 points in second group (p>0,05). After the treatment it increased to 89,17±13,79 points in first group of patients vs. 88,65±12,94 points in second group (p>0,05).

Both therapeutic methods were well tolerated and no side-effects of treatment were observed.

The results of the treatment in particular patients are presented in table 1.

Discussion

In spite of many prolonged, intensive experimental and clinical investigations, so far no sufficiently efficient and generally accepted method of treatment of postoperative peritoneal adhesions was found. Pharmacological analgesic and relaxant treatment seems to be promising, but advantages related to its application are still not fully confirmed [9].

Nowadays, the most effective form of prevention of postoperative complications due to peritoneal adhesions is delicate and anatomical surgery, accurate hystostasis, exact asepsis, as well as the choice of the optimum surgical methods and applying the low-invasive surgical procedures [9]. There are some surgical methods preventing the excessive formation of peritoneal adhesions as folding of the intestine wall or splitting of the intestine, but they always require next surgical intervention [10]. So far, the avoidance of injury of peritoneum during the surgical intervention is considered by many authors as the most important preventive factor against formation of adhesions [10].

Table 1. The results of treatment with use of magnetotherapy and magnetostimulation in particular patients with chronic pains as a result of peritoneal adhesions after multiple surgical interventions regarding analgesic effect estimated in 10-point Visual Analogue Scale VAS and quality of life estimated in 100-point EuroQol analogue scale (F - female, M - male).

<table>
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<tr>
<th>Sex</th>
<th>Age</th>
<th>Therapeutic procedure</th>
<th>Pain intensity in VAS scale [points]</th>
<th>Quality of life in EuroQol analogue scale [points]</th>
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Since first use of microsurgical techniques in end of XIX age, it was confirmed in numerous experimental and clinical studies, that application of those procedures enabled to diminish the injuries of peritoneum, and in consequence to reduce the occurrence of peritoneal adhesions [11].

The most nasty and usually drug resistant symptoms of the peritoneal adhesions are strong, chronic or recurrent pains of abdomen, muscular hypertonia of the abdomen integument and reduced mobility of organs in the abdominal cavity.

Magnetotherapy and magnetostimulation with use of extremely low frequency and low induction variable magnetic fields, respectively, are commonly recognized methods of treatment of pain syndromes of various origin and spasticity [6],[7].

In our study both protocols of treatment in patients with peritoneal adhesions contributed to significant regression of pain intensity and improvement of quality of life.

Moreover no side-effects of treatment were observed and the only inconvenience of this form of therapy was its supply and perfusion in tissues [6],[7],[14].


REFERENCES


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