

Steady improvement followed, but intravenous feeding had to be continued for four weeks. She was fit for discharge after another month.

Discussion

Points of interest are: (1) Consumption coagulopathy was attributed to malnourishment, depression of bone marrow by sepsis and to a large raw area around the vaginal vault following hysterectomy. Preoperative clotting factors were normal apart from a platelet count of 48 000/mm³; during the torrential bleeding, the fibrinogen titre was 1:16, platelet count 28 000/mm³, British Corrected Ratio 1.38. Restoration of blood volume and administration of clotting factors did not arrest hæmorrhage until heparin was used, and the levels of clotting factors then returned to normal. (2) Intravenous feeding was continued for eleven weeks with Intralipid, Aminosol and dextrose. Calcium and magnesium repletion were based on the blood levels. The flaking erythematous skin indicated nicotinic acid deficiency, and other vitamins were also given. The regime provided 3225 calories with 24 g nitrogen in 24 hours. The value of intravenous feeding has been established by Wretling (1972) and practical details are given in the British National Formulary 1974. (3) Despite numerous fistulæ and abscesses there was no histological evidence of Crohn's disease. Antibiotics had no appreciable effect. The heroic surgical intervention was followed by ileus for sixty-three days, and a further six weeks of diarrhœa required careful metabolic control until normal bowel habit returned.

REFERENCE

Wretling A (1972) *Nutrition and Metabolism* 14, Suppl. 1-57

Ileocolitis Responding to Bowel Sterilization

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S H, woman aged 29. Typist

History: Presented in September 1973 with three months of abdominal cramps, 7 kg weight loss, and one month of watery diarrhœa, anorexia and intermittent vomiting.

On examination: Swinging pyrexia up to 39.8°C, tachycardia, minimal finger clubbing, tender descending colon and tenderness in right iliac fossa. Sigmoidoscopy revealed contact bleeding only.

Investigations: Hb 9.5 g/100 ml, WBC 11 700/mm³ (neutrophils 6400), ESR 115 mm in first

hour (Westergren), serum albumin 3.1 g/100 ml, serum cholesterol 85 mg/100 ml, fæcal fat 1.5 g daily. Schilling test, 1.3% excretion in 24 hours; yersinia antibodies negative. Rectal biopsy: mild inflammatory infiltrate in lamina propria, single crypt abscess, prominent lymphoid follicles. Barium follow through: area of fixed narrowing in ileum. Barium enema: deep ulceration throughout colon, with rectal sparing.

Treatment and progress: She continued to have abdominal pains, weight loss, diarrhœa and high fevers, and was started on a five-week course of treatment comprising (a) sterilized food (two weeks) and clean-cooked food (three weeks); (b) disinfection of ears, nose, throat and vagina with chlorhexidine; (c) oral antibiotics - framycetin 2 g daily, colistin sulphate 6 megaunits daily, nystatin 4 megaunits daily.

On this regime fever and tachycardia subsided within four days and did not recur. Abdominal pains, diarrhœa and anorexia improved and she was asymptomatic after three weeks. Stool bacteriology showed elimination of all gut flora except *Streptococcus faecalis*. Barium enema after five weeks of treatment demonstrated almost normal colonic appearances. Hb 12.2 g/100 ml, ESR 11 mm in first hour (Westergren), albumin 4.9 g/100 ml, cholesterol 160 mg/100 ml. Subsequently she was maintained on sulphasalazine 1 g three times daily for eight months. She has remained asymptomatic for a further year, with normal weight and normal blood indices.

Comment

The clinical and laboratory features of this case were compatible with a diagnosis of ileocolitis of Crohn's type, though definitive histology was not obtained. The rationale of the sterilization regime was that secondary bacterial invasion may, by promoting neutrophil polymorph infiltration of the intestinal mucosa, maintain chronic tissue damage in human colitis. The regime was designed, therefore, to reduce drastically the colonic bacterial load while preventing fungal growth. In a similar manner, development of experimental 'carrageenan colitis' may be inhibited by oral cotrimoxazole (van der Waaij *et al.* 1974). In the present case, the sterilization regime, which was identical to that used for prevention of Gram-negative sepsis in severely neutropenic patients (H Gaya, personal communication), produced a dramatic and lasting remission of the patient's inflammatory bowel disease.

REFERENCE

van der Waaij D, Cohen B J & Anver M R (1974) *Gastroenterology* 67, 460-472

(meeting to be continued)