Study on

THE USE OF EUCARBON IN PREPARING
RADIOLOGICAL EXAMS
(X - RAYS, ECHOGRAPHY)

carried out in autumn 1993
for F. TRENKA

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THE USE OF EUCARBON IN PREPARING RADIOLOGY
(Unprepared Abdominal X-Ray, Echography)

This present 2nd study comprises 5 patients, 4 male and 1 female, 4 of them in-patients of the University Hospital of Yopougon and 1 extern. Average age: 43 years (youngest patient 35, oldest 53). Three of the patients underwent echographies, whereas two of them underwent abdominal x-ray without preparation, examinations on one of the latter two patients having been completed by a tomodensitometry.

REASONS FOR RADIOLOGICAL EXAMINATIONS:

ECHOGRAPHY

1. Undefined abdominal pain, suspected acites
2. Monitoring of an intestinal lymphoma
3. Examination of the pancreas of a diabetic patient

The examination of the abdominal organs and visibility of deep-seated adenopathies was hampered by gaseous distensions in 3 cases.

ABDOMINAL RADIOGRAPHY WITHOUT PREPARATION
(X-ray of rachis)

2 cases of acute lumbalgia with suspected lesion of the rachis.

RESULTS OF ECHOGRAPHY

Before the treatment with EUCARBON

- good visibility of liver and bile ducts in 3 parties
- pancreas: not visible in 1 patient, difficult to distinguish in one other patient

Evaluation of pathological elements

- presence of ascites. Suspected deep-stated adenopathy
- examination of deep-stated adenopathy proved difficult in patient with lymphoma
- examination of pancreatic calcification also proved difficult
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After treatment with EUCARBON

Distinct improvement in 2 patients after 3 days’ treatment with EUCARBON

- Disappearance of gases in patient No 1 and No 2

Evaluation of images of the intra-abdominal organs

Pancreas well discernible in patients No 1 and No 2

Evaluation of pathological elements

- deep-seated adenopathies and ascites of medium intensity in patient No 1
- no profound adenopathy in patient No 2
- in patient No 3 the formation of gases was still persistent on day 3, but the pancreas was more discernible

In the latter case treatment by EUCARBON was continued and another evaluation made 3 days later. This time the gases had dissolved and the image of the pancreas was more discernible.

RESULTS OF X-RAYS OF THE RACHIS

Before treatment with EUCARBON

Patient No 4:
- Suspected vertebral osteolysis of L4, lesion masked by gaseous distension.

Patient No 5:
- X-ray of the lumbo-scral rachis hard to analyze owing to severe gaseous distension

After treatment with EUCARBON

Patient No 4
- Distinct diminution of gases on the 2nd and 3rd days of treatment
- Image of lesion of L4

X-ray of the rachis completed by tomodensitometry
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**TOMODENSITOMETRY OF THE RACHIS**

Perfect image of vertebral pathology

Patient No 5:
- Diminution of gaseous distension less pronounced
- However, rachis more distinguishable: no lumbosacral lesion

**COMMENTARY**

- Treatment by EUCARBON resulted in an improvement of the echographies and x-rays of the rachis in all 5 patients
- In 3 patients (60%) the gaseous distensions disappeared on the 3rd day and a distinct improvement of the images was registered.
- In 2 patients (40%) the gaseous distensions persisted, but was less pronounced. The first patient (No 3 – diabetic) suffered from severe constipation, whereas the second (No 5) had been immobilised for a long time due to severe polyarthritis and lumbagia.
- In all cases the continuation of the treatment during the following 2 or 3 days led to an improvement of the results.
- Contrary to the literature, one single dose of EUCARBON within 24 hours is apparently not enough to achieve radiological images of good quality. It is necessary to administer a minimum dosage of 6 tabs/day for 3 days or more if necessary (in case of protracted immobilisation, previous severe constipation, dyspeptic troubles).

**CONCLUSION**

By its effect of eliminating intestinal gases, EUCARBON improves the quality of echographies and images of the rachis. However, the study would have to be carried out on a larger scale and be extended to other fields of radiology (intravenous urographies, double-contrast or standard contrast radiology).
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X-RAY SLIDES: LEGEND

Patient No 4

X-RAY OF THE RACHIS – LUMBAR SECTION

SLIDE 1  Day 0 (before administering EUCARBON):
Severe gaseous distension
Suspect osteolysis

SLIDE 2  Day 2 (after administering EUCARBON)
Distinct decrease of gaseous distension
Osteolysis of L4

SLIDE 3  day 3: as above

TOMODENSITOMETRY

SLIDES 4 and 5  Confirmation of osteolysis in the rachis
No gaseous distension

Patient No 5

X-RAY OF THE RACHIS – LUMBAR SECTION

SLIDE 6  D0: Severe gaseous distension

SLIDE 7  D3: Marked decrease of gaseous distension
No lesion of the bone detectable

Patient No 1

ABDOMINAL ECHOGRAPHIES

SLIDE 8  D0: Attempt to detect deep-seated adenopathy and suspected ascites
Severe gaseous distension
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SLIDE 9  D0: Pancreas and portal vein visible
          Gaseous distension obstructing detailed analysis

SLIDE 10  D3 (after administering EUCARBON): deep-seated adenopathies visible
           Decrease of gaseous distension

SLIDES 11 & 12  D3: Good visibility of pancreas and portal vein

Patient No 3

SLIDES 13 & 14  D0: severe gaseous distension
                 Pancreas not visible

SLIDES 15 & 16  D3: Good visibility of pancreas, but continued presence of gaseous distension of feeble intensity