

## Combination treatment of radiation injuries of the rectum in patients with pelvic tumors

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### Background.

In the overall structure of cancer incidence, pelvic tumors together comprise more than 25%. Currently, radiation therapy is one of the main treatments for malignant tumors of the pelvic organs. According to the literature, the rate of chronic proctitis as a rectal complication varies from 10 to 32%. Our purpose was to evaluate the effectiveness of a multicomponent treatment with pararectal blockade for radiation injuries of the rectum after chemoradiation treatment (CRT) of gynecological cancer.

### Material and methods.

The study included 18 patients with cervical cancer T3NxM0 after CRT; 7-10 months after CRT, all patients were diagnosed with erosive and ulcerative radiation-induced rectitis (1 and 2 degrees by RTOG). Patients were divided into 2 groups: main group - 9 patients, conservative therapy with pararectal blockades; control group - 9 patients, only conservative therapy. Conservative therapy involved hemostatic, anti-inflammatory, antimicrobial therapy, vitamin therapy; drugs improving microcirculation and blood aggregation properties. Pararectal block was performed by administering a set of preparations to the ischemic zones, including: novocaine 0.25%; combilipen; prednisone; ceftriaxone. A course consisted of 10 procedures. The dynamics of clinical symptoms, indicators of clinical blood analysis, RRS data, MRI, ultrasound results were evaluated.

### Results.

The main group of patients by the end of the first course of therapy showed a decrease in the severity of clinical symptoms, normalization of bowel function, no impurities in feces.

The control RRS revealed the relief of exudative inflammation, cleansing and epithelization of ulcers by the end of the therapy course. The control group showed a temporary insignificant improvement followed by the resumption of clinical manifestations with a recurring character.

### Conclusions.

Pararectal blockades in addition to conservative therapy lead to a more rapid decrease in the severity of clinical symptoms of radiation rektitis and regression of CRT-induced disorders, which improves the quality of life of patients and reduces a rehabilitation period



Figure 1. – Drug distribution in pararectal block (axial image)



Figure 2. – Drug distribution in pararectal block (topogram)