

Two Cases of Wumei Pill Adjuvant Treatment of Colon Polyps: Case Report

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ABSTRACT

Keywords: Colonic Polyps; Traditional Chinese Medicine; Adjuvant Therapy; Wumei Pill

Introduction

Colonic polyp is a common clinical disease, which is mainly treated by endoscopic resection. It is a general term for a class of protuberant lesions caused by abnormal growth of intestinal mucosal cells. The incidence of the disease is proportional to age. The older the age, the higher the incidence, which mainly occurs in the male group. Polyps are mainly divided into adenomatous and inflammatory polyps, mainly rectal polyps and colonic polyps [1]. Adenomatous intestinal polyps are prone to canceration and are usually removed by endoscopic electrocoagulation. However, postoperative follow-up found that the recurrence rate was as high as 60%. Therefore, postoperative drug treatment of colonic polyps can reduce the recurrence of polyps and play an important role in the treatment of polyps [2-4]. This paper introduces the experience of postoperative traditional Chinese medicine in the treatment of colonic polyps, which provides an economical and effective method for the postoperative treatment of colonic polyps.

Case Presentations

Patient 1

Patient 1, a 64-year-old male patient underwent colonoscopy on May 14, 2019, after nearly 3 months of diarrhea and abdominal pain. It showed that the sigmoid colon had multiple semicircular mucosal

bulges with a diameter of about 0.5cm, red color and smooth mucosa (Figures 1A & 1B). The intestinal wall of the descending colon was stiff, extensive and large irregular ulcers were formed, black blood scabs and smudges were formed on the surface, and some white scars were formed. The biopsy was hard, and there was a large amount of fecal blockage in the intestinal cavity, and the endoscopic examination cannot be continued. Without polyposis removal under enteroscopy, only 4 pieces of descending colon tissue were taken for pathological examination. The pathological results showed that the degenerative mucosal tissue with chronic inflammatory cell infiltration and a large number of inflammatory exudations, bleeding and necrosis, with a little degenerative glandular epithelium and mild heteroplasia found in the local necrotic tissue (Figure 1C). The patient had diarrhea 3-4 times a day and the feces were not formed. After eating, the patient was accompanied by abdominal pain, low back pain, chills, fat tongue, thin white coating, pulse string and other symptoms. The traditional Chinese medicine treatment scheme of Wumei pill was selected.

The prescription of traditional Chinese medicine is as follows: 30g ebony plum, 6g coptis, 10g phellodendron, 3g asarum, 10g Sichuan pepper, 20g paojiang, 15g cassia twig, 30g codonopsis, 10g angelica, 30g fried white peony, 30g aconite, 10g cumin, 10g 20g medicine, 30g tsubaki peel, 30g pomegranate peel, 6g cinnamon, 6g licorice, 3 pieces of ginger and 3 pieces of jujube. On the basis of the original prescription pills ebony plus a fried white peony relieve

pain, abdominal pain therapy. Fennel and black medicine increase the strength of Wentong. Tsubaki peel and pomegranate peel can be used to stop diarrhea, and their antidiarrheal power is strong, which can be comparable to «Imodium». The patient took the medicine for 3 months and rechecked the colonoscopy on August 23, 2019 (Figures 1D-1F). The results showed that: the rectum to the anus is about 60cm from the anus and the sigmoid colon mucosa is extensively congested,

and the local capillaries are dilated. According to the anus about 45-60cm, the congestion is heavy, and see 1.5* 0.6cm-sized longitudinal ulcers, stenosis, covering white fur. There were no abnormalities in the mouth of the appendix, the ileocecal area and the terminal ileum. Colon polyps disappeared, and ulcers improved compared to the previous period.

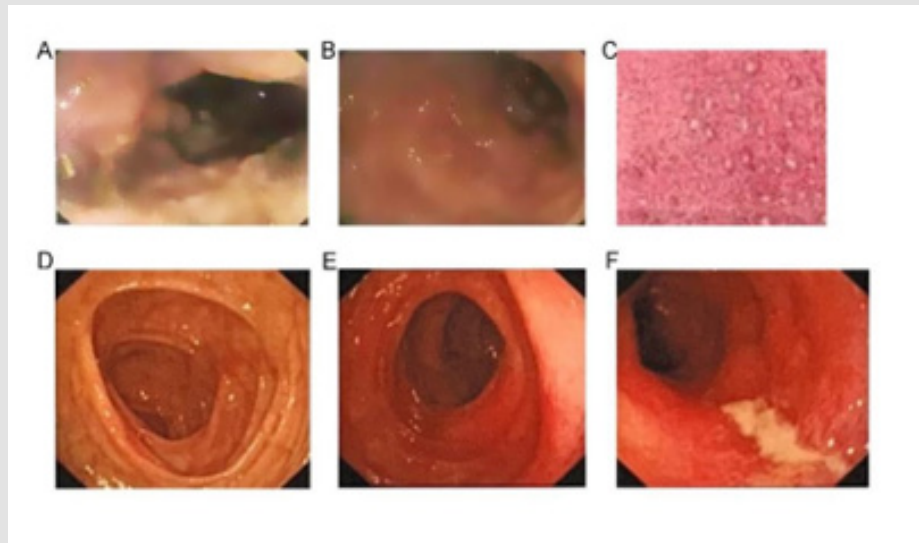


Figure 1: Patient 1 enteroscopy and pathological examination.

Note: The initial colonoscopy images of descending colon and sigmoid colon were shown in A and B, respectively; figure C was the result of pathological examination. Figures D, E and F were pictures of colonoscopy on August 23, 2019. (D, transverse colon; E, sigmoid colon; F, narrow segment of sigmoid colon).

Case 2

A 45-year-old male patient underwent enteroscopy at Fuzhou General Hospital of Nanjing military region on November 2, 2015 (Figure 2A). The results of colonoscopy showed that there were multiple polyps in the colon, multiple polyps of different sizes, different forms of polyps, hyperemia and erosion in the whole colon, which were dense in the descending colon and sigmoid colon. Two polyps about 1.5*1.0cm in size can be seen at 50cm and 19cm from the anus, and about 1.0cm in size can be seen at 40cm from the anus, with hyperemia and erosion on the surface, and leukoplakia-like keratosis can be seen at 18-30cm from the anus. There were dozens of Polypoid ridges of about 0.3-0.5cm in the rectum with a smooth surface. Pathologically confirmed multiple tubular adenomas with low-grade intraepithelial neoplasia of the glandular epithelium (including two polyps with moderate atypical epithelial hyperplasia). The patient underwent a subtotal colectomy on November 17, 2015. The intestinal tube was 66 cm long. Several polypoid masses were seen in the intestinal mucosa, the smaller ones were 0.7-1.8 cm in diameter, and the pedicle was attached to the intestinal mucosa. The pathological results were multiple tubular villous adenomas of

the colon with low-grade glandular intraepithelial neoplasia, with moderate dysplasia locally, negative basal margins, and reactive hyperplasia in 57 lymph nodes adjacent to the mesentery (Figure 2B). The patient underwent colonoscopy on January 17, 2016. Multiple papillary polypoid bulges with a diameter of about 0.2-1.2 cm were seen in the mucosa of the ascending colon, sigmoid colon and rectum. The patient underwent colonoscopy on January 17, 2016 (Figure 2C).

The results showed that multiple papillary polypoid swellings with a diameter of about 0.2-1.2cm were seen in the mucosa of the ascending colon, sigmoid colon, and rectum. Among them, 95 polyp snares were trapped and electrosurgical resection. A papillary polyp with a diameter of about 0.8 cm can be seen 5 cm from the anus, which is brittle and has a lot of bleeding. The pathological results suggested that the colon had tubular adenomas and some low-grade intraepithelial neoplasias. The patient's colonoscopy on May 22, 2016, revealed 25 papillary polypoid swellings with a diameter of about 0.2-0.4, which were excised by electrosurgical surgery (Figure 2D). On October 30, 2016, the patient's re-examination of colonoscopy showed that the intestinal tract had multiple flat polypoid bulges with a diameter of about 0.2-0.4 cm, of which 98 were high-frequency

electric cauters (Figure 2E). The patient took Chinese medicine orally, and the main prescription was Wumei pill. On April 10, 2017, after half a year of medication, the colonoscopy reexamination revealed that there were multiple flat polyps in the residual colon, which were treated with argon ion coagulation (APC), and another polyp with a size of about 0.5*0.5cm, which was treated with electrocoagulation and electroresection (Figure 2F).

No vegetations were seen in the rectum. The enteroscopy of the patient on November 27, 2017, showed that the residual colonic

mucosa was smooth, the vascular texture was clear, and no ulcers and vegetations were found (Figure 2H). The mucous membrane of the cecum was smooth, with multiple Polypoid eminence, about 0.3 to 0.4 cm, which was treated with APC. This patient was a case of multiple polyps, because the polyps had undergone subtotal colectomy, but the polyps still appeared repeatedly and were resected repeatedly, with up to 98 polyps. The patient was distressed by the repeated appearance of polyps. Later, the patient took Chinese medicine, and the polyps were significantly reduced compared with the previous period and remained stable.

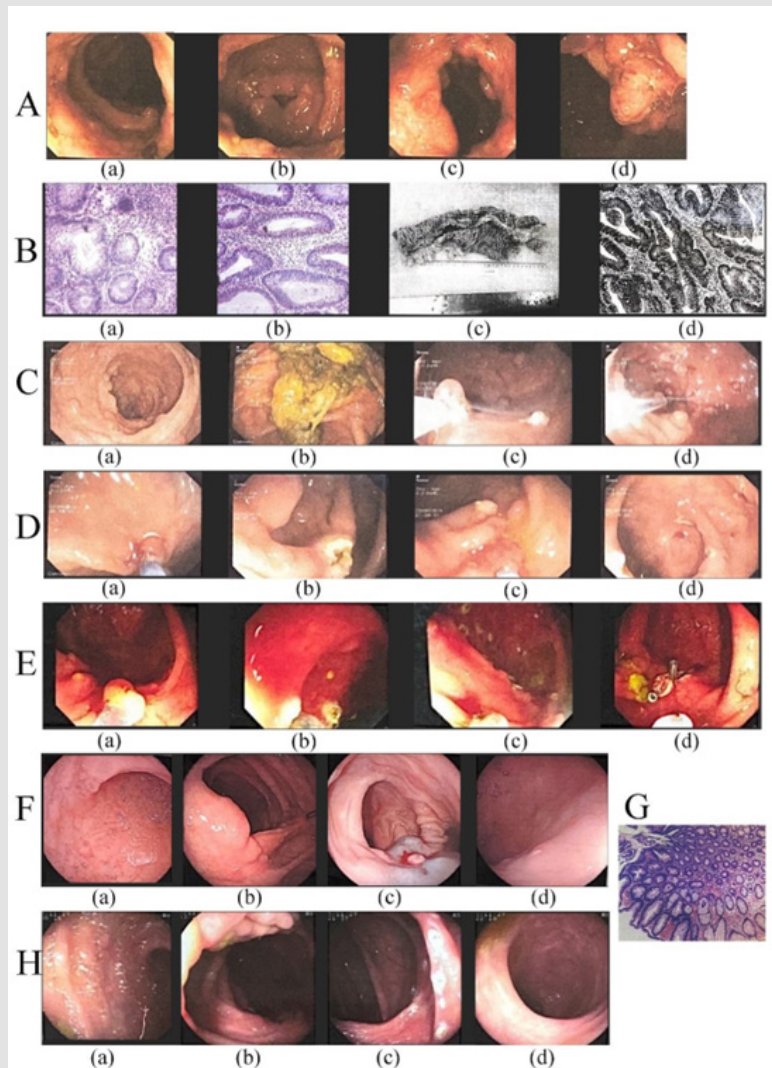


Figure 2: Patient 2 enteroscopy and pathological examination.

Note:

- A. The initial colonoscopy was performed on November 2, 2015;
- B. Pathological examination figure, (a) and (b) pathological biopsy results showed tubular adenoma, low-grade intraepithelial neoplasia of glandular epithelium; (c) subtotal colectomy specimens, (d) subtotal colectomy specimens;

- C. January 17, 2016 electronic enteroscopy image;
- D. May 22, 2016 electronic enteroscopy figure;
- E. October 30, 2016 enteroscopy figure;
- F. April 10, 2017 electronic colonoscopy,
 - (a) Terminal ileum,
 - (b) Ileocecum
 - (c) Residual colon
 - (d) Rectum;
- G. Residual colon histopathology (April 10, 2017);
- H. Electronic colonoscopy after treatment of polyps,
 - (a) Terminal ileum site
 - (b) Ileocecal site
 - (c) Site after treatment
 - (d) Residual colon site.

Discussion

Colonic polyp is not only a common disease in digestive department, but also one of the high-risk factors of colorectal cancer. The results of Cap-pell's research confirm that the detection and removal of adenomas by endoscopy can reduce the incidence of colon cancer by 76% to 90% [5,6]. Intestinal polyps are related to enterovirus infection, chronic intestinal inflammation, family inheritance, living habits and age [7]. Chronic enteritis and intestinal polyps play an important role in the occurrence of colorectal cancer. The inflammatory cells gathered in the process of inflammation (such as lymphocytes, macrophages, mast cells and neutrophils) and their cytokines are closely related to the occurrence and development of colorectal cancer. There was evidence that the occurrence of intestinal polyps was related to mechanical and inflammatory stimulation of the intestinal tract [8,9]. *Helicobacter pylori* (Hp) infection increases the risk of colorectal adenomatous polyps [10]. Colonic polyps can be controlled by endoscopic resection, but the recurrence rate is extremely high [11]. The male patients (age \geq 60 years old) whose number of intestinal polyps \geq 3, polyp size \geq 2 cm and pathological type of villous adenoma or villous tubular adenoma had higher recurrence rate after treatment [12]. Case 2 was villous tubular adenoma, which had a high recurrence rate. With the cooperation of Wumei pill, the patient's polyp recurrence was significantly reduced than before.

After colon polypectomy, western medicine mainly takes regular reexamination, once a year, if the polyp recurrence is found, endoscopic resection is given again. Studies have also shown that long-term oral administration of nonsteroidal anti-inflammatory drugs or low-dose aspirin can reduce the recurrence rate of polyps after endoscopic resection. However, these two drugs have serious side effects. Non-steroidal anti-inflammatory drugs and aspirin have

the risk of gastrointestinal perforation, liver toxicity, cardiotoxicity, and nephrotoxicity. Recurrence of polyps not only increases the psychological burden of patients, but also increases the economic burden of patients. Traditional Chinese medicine treatment has small side effects and low cost. With the endoscopic resection of western medicine, patients can achieve good results. In the above two cases, Wumei pills were used to treat them. In the first case, intestinal polyps disappeared after oral administration of traditional Chinese medicine for 3 months. The second case was recurrent intestinal polyps after operation. After 6 months of treatment with traditional Chinese medicine, the number and frequency of intestinal polyps decreased, and the polyps gradually disappeared.

Wumei pill is a typical drug for the treatment of Jueyin disease, which treats the symptoms of upper heat and lower cold. Wumei pills contain Wentong drugs such as aconite, dried ginger, cinnamon, Sichuan pepper and Asarum. Traditional Chinese medicine Wentong can dilate blood vessels, increase blood flow, promote intestinal blood circulation and promote the absorption of intestinal inflammation. Wumei pills contain heat-clearing and detoxifying drugs such as berberine and phellodendron, which contain berberine, which can fight pathogenic microorganisms and have inhibitory effects on a variety of intestinal bacteria. Among them, it has the strongest effect on dysentery and is commonly used to treat bacterial stomachs. Digestive diseases such as enteritis and dysentery. In addition, Wumei pills contain tonic drugs such as ginseng, angelica, and qi, which can improve the body's ability to adapt to adverse external stimuli, promote body repair, and inhibit the formation of granulation tissue in the later stage of inflammation. Wumei pills also contain astringent drugs such as the emperor medicine Wumei. A number of studies have shown that Wumei has an inhibitory effect on many intestinal bacteria such as *Escherichia coli* and *Staphylococcus aureus*.

Conclusion

Therefore, Wumei pills not only have a good therapeutic effect on intestinal polyps, but also apply to the treatment of intestinal inflammation [13-16]. It is convenient and economical to use in clinic and can be popularized and applied. The integrated traditional Chinese and western medicine model is the current effective mode of treatment of diseases. For the principles of traditional Chinese medicine treatment of colon polyps, further research is needed to explore its mechanism, and large sample studies are needed to confirm the efficacy of integrated traditional Chinese and western medicine.

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