

#### Influence of a mobilization of the mesentery on the hepatic portal vein capacity measured with Echo-Doppler

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## **Questions asked**

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Specific researchIs there a measurable change of the portalquestioncapacity after mobilization of the mesentery ?

# **Study Design**

- > Multicentric
- Subject and evaluator blinded
- Randomized
- > Observational
- > Experimental

# **Experimental Design**

- T1 > Doppler measurement before intervention
- MT/NST > Intervention

T2

**T**3

- Doppler measurement after intervention
  - Doppler measurement 60 minutes after intervention

Every Doppler measurement is the mean of 3 consecutive measurements (Lafortune et al., 1998)

# **Mobilization Technique (MT)**



- > 15 Subjects
- > Position: left side
- Mobilization of the mesentery
- Painless
- > Duration: 3 minutes

# **Non-Specific Technique (NST)**



- > 15 Subjects
- Position: left side
- Stretching of the iliopsoas muscle
- > Painless
- > Duration: 3 minutes

## **Exclusion Criteria**

- > Women
- Medication
- ▷ BMI > 27
- > Alcohol > 60 gr/day
- Smoking
- Inflammatory pathologies
- > Hepatic and/or cardiac diseases

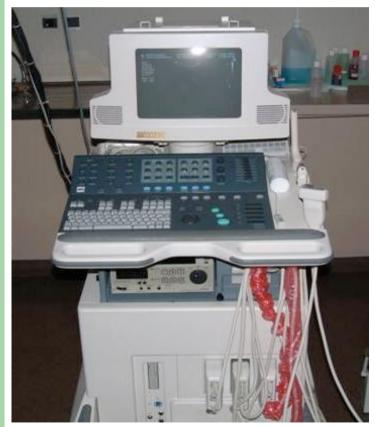
## **Inclusion Criteria**

- > 30 Men
- ≻ BMI 20 27
- ≻ Age 20 45 years
- Light dinner the night before and no food or fluid intake after midnight

# **Blinding and Randomization**

- The 2 operators: 2 experienced radiologists of two different university hospitals
- Distribution NST-group and MT-group at random
- Distribution hidden to radiologists and subjects

# **Choice of Echo-Doppler**



- > Non invasive
- > Relatively low cost
- Easy repetition of measurement
- > Visualisation in colour
- > Acoustic Information

Echo-Doppler, type ATL (Philips), HDI 5000, Bothell, USA, frequency of the medical transducer: 2.5 MHz

## **Primary Outcome**

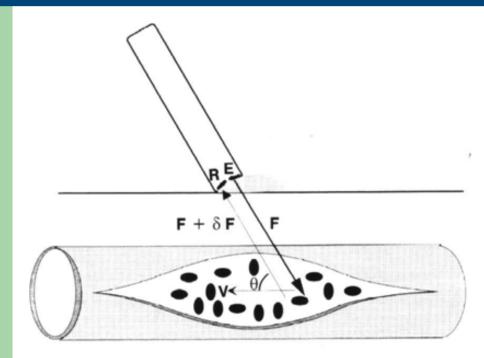
# Q = V . A . 60

Q = Capacity of the portal vein (ml/min)

V = Mean blood flow velocity (cm/sec)

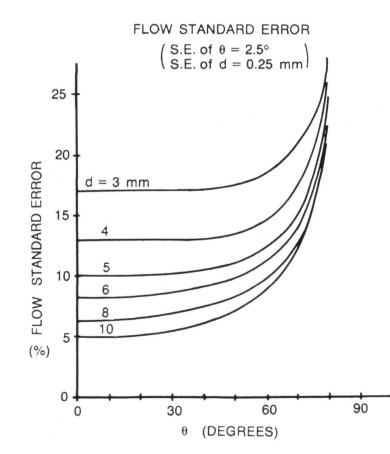
A = Area of the portal veins cross section (cm<sup>2</sup>);  $(D/2)^2$  with D = diameter

#### Limitations of the flow measurement by Echo-Doppler

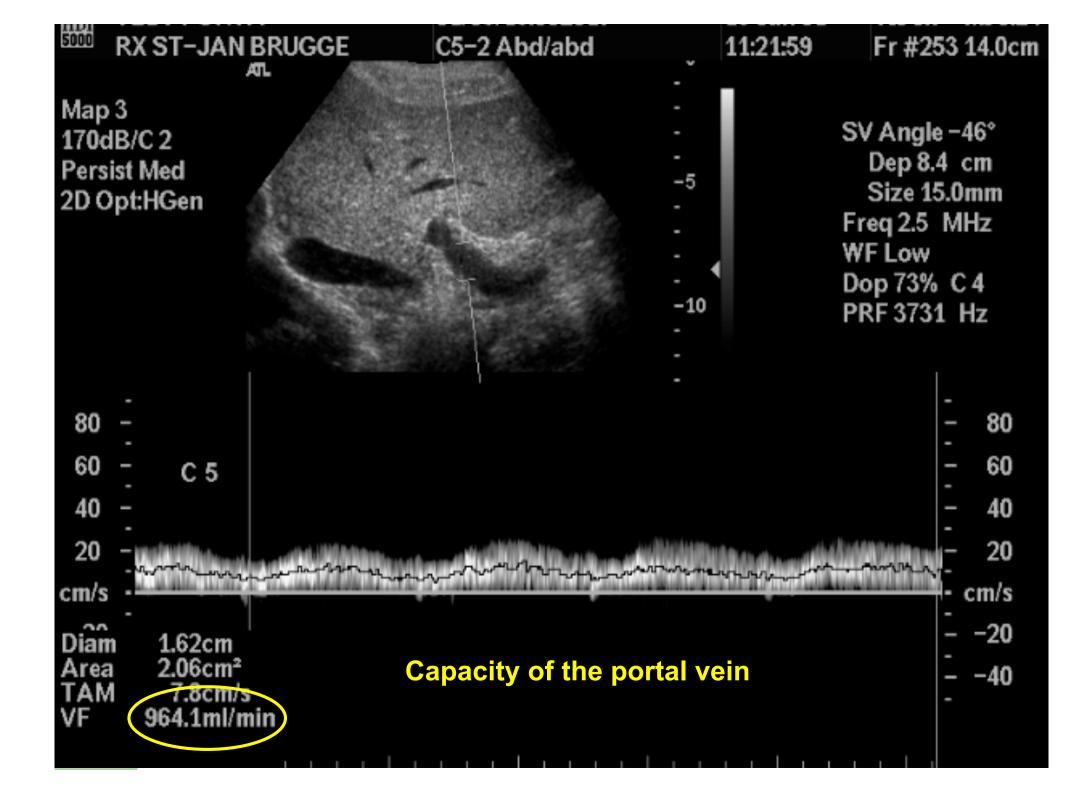


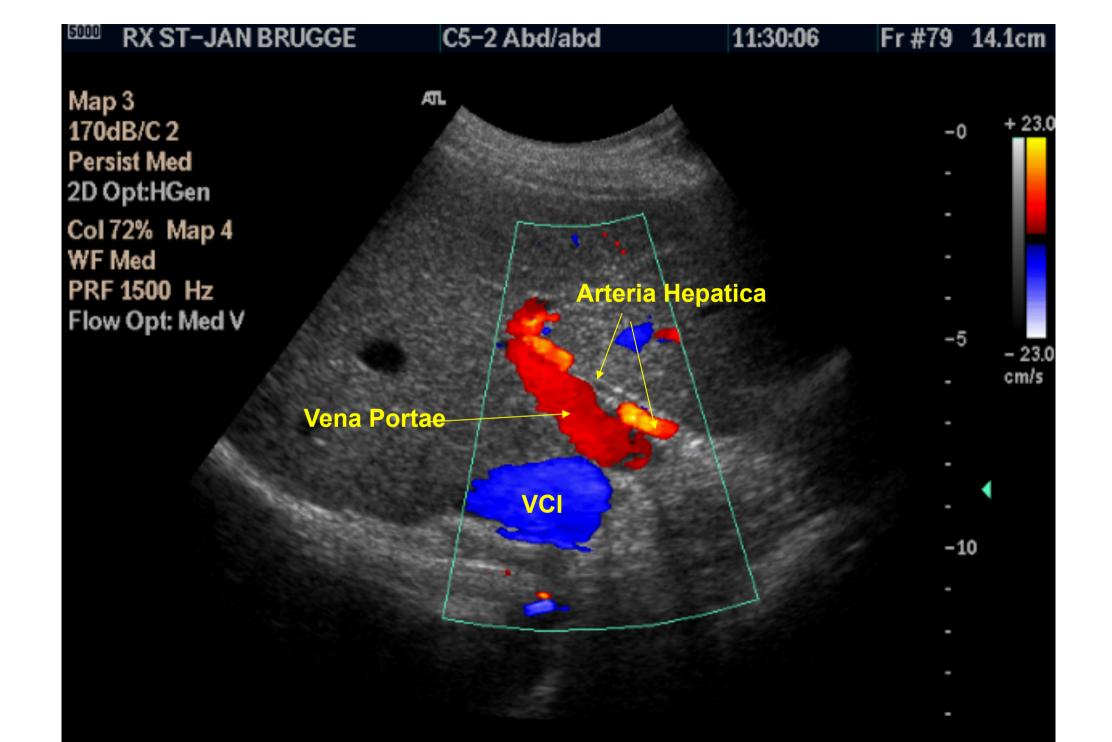
- > Angle of measurement
- Cross section of the vessel

## **Flow Standard Error**



- Ideal angle to measure flow velocity = 55° (Sabba et al., 1990)
- No valid flow velocity can be made at angles > 70° (Dauzat et al., 1984; Gill, 1985)
- This study: mean angle was 58° (min: 48°, max: 70°)





## **Adapted Research Question**

Is there a difference between the NST-group and the MT-group, regarding the three moments of measurement ?

# Influence of Radiologist?

R/T	T1	Т2	Т3
R1 n (14)	755.71 (176.57)	878.05 (227.07)	751.51 (246.40)
R2 n (16)	764.38 (359.53)	1079.04 (374.24)	1039.87 (281.43)
	p = .752	p = .980	p = .023

**Table 2:** The mean portal vein capacity in ml/min (standard deviation) for the two radiologists for measurements at T1, 2 and 3

# Influence of Radiologist?

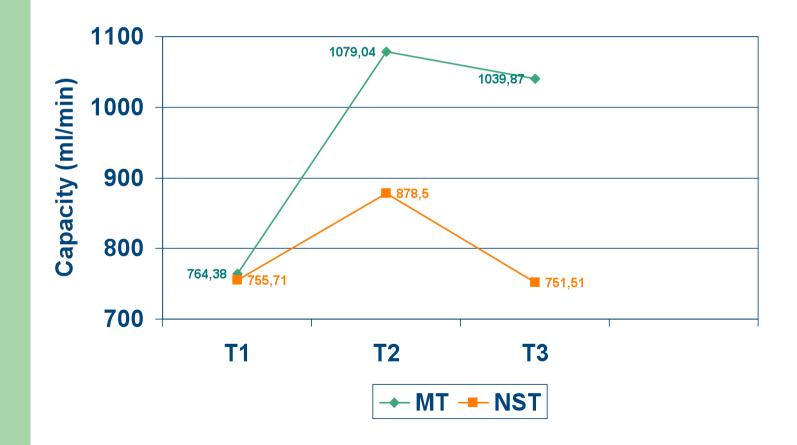
- R1 had 9 subjects in the MT-group while R2 had only 6
- After statistical correction for condition (MT and NST) there was no significant difference found between R1 and R2

## **Results**

Group/T	<b>T1</b>	<b>T2</b>	Т3
NST	755.71	878.05	751.51
	(176.57)	(227.07)	(246.40)
MT	764.38	1079.04	1039.87
	(359.53)	(374.24)	(281.43)
	p = 0.934	p = 0.86	p = 0.006

**Table 1:** The mean portal vein capacity in ml/min (standard deviation)for the NST and MT group for measurements at T1, 2 and 3

#### **Results**



## Conclusion

A multivariate analysis shows a statistical difference between the NST-group and the MT-group when the results of T1 are compared with those of T2 and T3

F(1,28) = 4.726, p = 0.038

# **Contribution to capacity**

T (Group)	n	Flow velocity (cm/s)	Diameter (cm)	Capacity (ml/min)
T1 (MT & NST)	30	11.25	1.21	760
T2 (MT)	15	12.12	1.38	1079
T3 (MT)	15	10.75	1.42	1040

**Table 3:** Mean values of flow velocity, diameter and capacity for measurements at T1, 2 and 3

# **Contribution to capacity**

т	Flow velocity (cm/s)	Diameter (cm)
<b>T1</b>	0.81	0.88
<b>T2</b>	0.89	0.61
Т3	0.66	0.64
Table 4: St	andardized r	egression coe

group at T1, 2 and 3

## Conclusion

- This study supports the hypothesis that manipulation of visceral organs in the abdominal cavity has a physiological effect.
- Further studies will be needed to confirm the outcome of this study, and more knowledge is needed regarding the specific mechanisms that are involved with visceral manipulation.

# Thank you for your kind attention!

