## THE USE OF HYPERBARIC OXYGEN THERAPY (HBOT) IN OPHTHALMOLOGY

#### **Essay**

Submitted for partial fulfillment of M.Sc. in Ophthalmology

<u>by</u>

Haitham Ibrahim Elkharadly

M.B.,B.Ch

Supervised By

#### Prof.Dr. Negm al-Din Hilal Abd-Allah

**Professor of Ophthalmology** 

Ain Shams University

#### **Dr. Momen Mahmoud Hamdi**

Lecturer of Ophthalmology

Ain Shams University

Faculty of Medicine

Ain Shams University-Cairo.

<u>2011</u>

## بسماللهالرحمزالرحيم

# لْنَتُملُدُ لَمْ اللَّهِ اللَّهُ اللَّ

صدقاللهالعظيم

## **Acknowledgements**

After giving all thanks to ALLAH, I would like to acknowledge the contribution of the following people and organizations to my essay.

Supervisor committee faculty at the department of ophthalmology at Ain Shams University:

I have been particularly fortunate to have been associated with two of my idols and sincerely appreciate their efforts on my behalf. And I would like to express my deepest gratitude for their continuous help throughout the whole work, their kind supervision and advice, and their kind support.

Prof. Dr. Negm al-Din Hilal Abd-Allah

Professor of ophthalmology

Dr. Momen Mahmoud Hamdi

Lecturer of ophthalmology

#### Moral and spiritual support:

I am deeply thankful for the encouragement and prayers of my friends and family who persevered with me through every step of the work.

## **Index**

NO	Title	page
1	List of Figures	П
2	List of Tables	Ш
3	List of Abbreviation	IV
4	Protocal of the essay	VI
5	Chapter 1: Introduction	1
6	Chapter 2: Physiological Basis of HBO therapy	5
7	Chapter 3: Techniques of application of	17
	HBOT	
8	Chapter 4: Current and potential Ocular	25
	indications for HBOT	
9	Chapter 5: Side effects and complication of	91
	НВОТ	
10	Chapter 6: The Cost of HBOT	99
11	Chapter 7 : Conclusion	101
12	Summary	103
13	Refrences	107
14	Arabic summary	129

## List of Figures

Fig. No	Title	page
Fig.1	Normal blood flow.	10
Fig.2	Restricted blood flow causes hypoxia.	10
Fig.3	Hyperbaric oxygenation.	11
Fig.4	Neovascular regeneration.	11
Fig.5	Multi place chamber.	22
Fig.6	Mono place chamber.	23
Fig.7	US Navy treatment tables.	27
Fig.8	Central Retinal Artery Occlusion.	31
Fig.9	Peri ocular necrotizing fasciitis.	45
Fig.10	Radiation optic neuropathy.	49
Fig.11	Anterior Ischemic Optic Neuropathy.	58
Fig.12	Central Retinal Vein Occlusion.	60
Fig. 13	Purtscher's Retinopathy.	73
Fig.14	Radaition Retinopathy with macular edema and hard exudate.	74
Fig.15	ischemic diabetic maculopathy.	81
Fig.16	retinitis pigmentosa	84
Fig.17	Tobacco-Alcohol Amblyopia.	86

## List of Tables

Table .No	Title	page
1	Comparison of Monoplace and Multiplace Hyperbaric Oxygen Chambers.	24
2	Ocular Indications for HBOT.	25
3	Potential Ocular Indications for HBOT .	56
4	Other Reported Uses of HBOT for Ocular Disorders.	79
5	Emergent HBOT in patients with Vision Loss: Selection Criteria.	90
6	Estimated HBOT+ Hospital costs Vs. Treatment costs without HBOT in EURO	99

## List of abbreviation

AGE Arterial Gas Embolism

AION Arteritic Ischemic Optic Neuropathy

ASI Anterior Segment Ischemia

ATA Atmospheres Absolute

ATM Atmosphere

BRAO Branch Retinal Artery Occlusion

CAI Carbonic Anhydrase Inhibitors

CME Cystoid Macular Edema

CNS Central Nervous System

CO Carbon Monoxide

CO<sub>2</sub> Carbon Dioxide

CRAO Central Retinal Artery Occlusion

CROM Cerebro-Rhino-Orbital Mucormycosis

CRVO Central Retinal Vein Occlusion

DCS Decompression Sickness

DME Diabetic Macular Edema

DR Diabetic Retinopathy

ERG Electroretinogram.

FDA Food and drug Administration

FSW Feet of Seawater

HBOT Hyperbaric Oxygen Therapy

IOP Intra-Ocular Pressure

IVFA Intravenous Fluorescein Angiography

MSW	Meters of Sea Water
NAION	Non-Arteritic Ischemic Optic
NSAIDs	Neuropathy
Nd:YAG	Non-Steroidal Anti-Inflammatory Drugs
OD	Neodymium :Yttrium Aluminium Garnet
os	Oculus Dexter
PO2	Oculus Senister
PPV	Oxygen Partial Pressure
PRP	Pars Plana Vitrectomy
PSI	Panretinal Photocoagulation
RON	Pounds Per Square Inch
RP	Radiation Optic Neuropathy
TVFD	Retinitis Pigmentosa
UHMS	Temporal Visual Field Defects
VEGF	Undersea Hyaperbaric Medicine
VER	Society
	Vascular Endothelial Growth Factor
	Visual Evoked Response

## Protocol of the essay

In 1930s hyperbaric oxygen (HBO)therapy was first applied in the navies of united states of America and Great Britain to treat decompression sickness. (Halit, et al., 2008).

After 1950, a more complete examination of blood gases and understanding the detailed physiology of gas exchange led the physicians to employ HBO therapy as a treatement of choice. (Jain. 2004).

HBO Therapy includes application of 100% oxygen with an atmospheric pressure that is two- to three- fold of that found in the air at sea level . During HBO therapy arterial oxygen pressure and tissue oxygen pressure can increase up to 2000 mm Hg and 400 mm Hg, respectively . Application of oxygen at this pressure, which increases the gradient ( or the transfer of oxygen into tissues ) twenty-fold, has many biochemical, cellular, and physiological useful effects. (Tibbles et al., 1996).

HBO therapy can be managed either by direct respiration in the cabins, including one or more patients, or by endotracheal tube, mask, or a firm cap. Instead of using a monoplace chamber for a particular disease in each treatment session, the usage of multiplace chamber, serving two or more patients who need that particular treatment session, reduces the cost of treatment and preferable in the most clinical settings. (Leach et al., 1998).

Hyperbaric oxygen therapy is a primary or adjuvant therapeutic method used in treatment of various acute or chronic disorders. Currently, eye diseases are among the off-label use of hyperbaric oxygen. However, there is an increasing body of evidence showing its safety and efficacy in centeral retinal artery occlusion (Weinberger, et al.2002), cystoid macular edema secondary to retinal vein occlusion (Krott, et al, 2000), scleral thinning and necrosis faced after pterygium surgery (Bayer, et al, 2002), orbital rhino-cerebral mucormycosis (Yohar, et al. 1994), nonhealing corneal edema, anterior segment al, and ischemia (Recupero, et 1992), diabetic retinopathy (Dumitru, 1993). Its potential to treat some blinding disease has also been pointed out in recent studies. (Halit, et al., 2008).

Multiple sessions of HBO therapy have been associated with an improvement in visual function and retinal appearance in patients with Purtscher retinopathy. (Lin, et al. 2006).

Early HBO therapy is recommended for bilateral blindness during hemodialysis. (Keynan, et al. 2006).

HBO therapy is largely safe when properly administered, although the potential systemic and ocular complications are carefully described. The principal systemic complications are pulmonary, central nervous system and hypertensive effects. The ocular complications include progressive (but reversible) myopia with repeated treatment sessions, and cataracts. The only absolute ocular contraindication to HBO therapy is the presence of an intraocular gas bubble due to prior surgery or trauma. (UHM 2008 Vol.35, No.5.)

This essay constitutes an up-to-date summary of knowledge and therapeutic use of hyperbaric oxygen, and aims to contribute understanding of current and potential use of hyperbaric oxygen therapy in ophthalmology.

### Aim of the Essay

Understanding current and potential use of HBO therapy in ophthalmology is of great importance. This is particularly important in the context of limited efficacy or inefficacy of conventional interventions for potentially blinding diseases.

#### **Contents**

- Introduction.
- Physiological Basis of HBO therapy .
- Techniques of application of HBO therapy.
- Current and Potential Use of HBO therapy in Ophthalmology.
- General and Ophthalmologic Side Effects of HBO therapy.
- The Costs of HBO therapy.
- Conclusion .

7

## References

- Bayer A, Mutlu FM, Sobaci G: Hyberbaric oxygen therapy for mitomycin C- induced scleral necrosis. Ophthalmic surg lasers 33:58-61, 2002.
- Dumitru R: The hyberbaric method in the treatment of diabetic retinopathy, an alternative to laser therapy. Oftalmologia 37: 12-6, 1993.
- <u>Halit Oguz, Gungor Sobaci: The use of hyperbaric oxygen</u> therapy in opthalmology. Survey of Ophthalmology 53: 112- 120, 2008.
- Jain KK: HBO therapy and Ophthalmology, in Jain KK (ed): textbook of hyberbaric medicine. Gottingen, Hogrefe & Huber, 2004. ed 4, pp 383-96.
- Keynan Y, Yanir Y, Shupak A: Hyberbaric Therapy for bilateral visual loss during hemodialysis. Clin Exp Nephrol 10: 82-4, 2006.
- Krott R, Heller R, Aisenbrey S, Bartz-Schmidt KU: Adjunctive hyberbaric oxygenation in macular edema of vascular origin. Undersea Hyberb Med 27: 195- 204, 2000.
- Leach RM, Rees PJ, Wilmshurst P: ABC of oxygen: Hyberbaric Oxygen Therapy. BMJ 317: 1140- 3, 1998.
- Lin YC, Yang CM, Lin CL: Hyberbaric Oxygen Treatment in Purtscher's retinopathy induced by chest injury. J Chin Med Assos 69: 444- 8, 2006.
- Nils Mungan, George Mychaskiw. Undersea & Hyberbaric Medicine (UHM); ProQuest Medical Library. Pg. 331. Sep/Oct 2008; 35, 5.
- Recupero SM, Cruciani F, Picardo-V, et al: Hyberbaric oxygen therapy in the treatment of secondary keratoendotheliosis. Ann ophthalmol 24: 448- 52, 1992.

- <u>Tibbles PM, Edelsberg JS: Hyberbaric-Oxygen Therapy. N Engl</u> J Med 334: 1642- 8, 1996.
- Weinberjer AW, Siekmann UP, Wolf S, et al: Treatment of acute centeral retinal artery occlusion (CRAO) by hyberbaric oxygenation therapy (HBO)- Pilot study with 21 patients. Klin Monatsbl Augenheilkd 219: 728- 34, 2002.
- Yohai RA, Bullock JD, Aziz AA, Markert RJ: Survival factors in rhino-orbital-cerebral mucormycosis. Surv Ophthalmol 39: 3-22, 1994.



## Introduction