Journal of Parenteral and Enteral Nutrition

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Volume 47, Issue S2

ASPEN NUTRITION SCIENCE & PRACTICE CONFERENCE: April 20–23, 2023 (Las Vegas, Nevada and Virtual)

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April 2023

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P46 - Intestinal Failure I, II, and Intestinal Insufficiency in Enteroperitoneal Tuberculosis

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Background: Tuberculosis(TB) is a systemic disease and is on the rampage. Each year about 1.7 million people die of TB and 9 to 13 million new cases occur worldwide. For every 25 to 30 cases of lung TB there is one case of enteroperitoneal TB(ETB). Humans are the natural reservoir of M. tuberculosis and about 500,000 people are infected with a multidrug-resistant strain of M. tuberculosis.ETB is a tragic life threatening condition associated with a completely “frozen” abdomen: an abdominal catastrophe. Mortality is up to 26%. Clinical presentation makes even the situation worse for it presents in some cases without concomitant lung disease so the first clinical impression is pelvic malignant disease. The concept that antibiotic/chemotherapies are the only way of curing very serious cases of ETB is full of prejudice, as the corner stone is the association of antibiotic/chemotherapies with NS.

Methods: From 2008 to 2022, 15 patients were included in a strict prospective protocol. We were especially interested in severe cases of ETB. Once they had a diagnosis of ETB, the patient was included. Diagnosis was made by laparotomy in 10/15 cases, laparoscopy in 2/15, endoscopy in 1/15, and 1/15 by polymerase chain reaction in ascitic fluid. Protocol: (1) Nutritional support (NS) in the form of Total Parenteral Nutrition (TPN) or Total Enteral Nutrition (TEN)

was started at the same time that multidrug treatment was started, with TB specific intravenous antibiotic and chemotherapy treatments. (2) TPN and TEN were given sequentially, not simultaneously. Once patients were discharged, they were given daily oral supplements with enteral nutrients that would supplement oral food. (3) In case of surgical complications, the operation was performed by the surgeon (3/15 patients) of the NS team who was also responsible of supervising NS treatment and follow up until the patient was declared free of disease.

Results: Age and range of diagnosis: 36.2 ± 18.91 and 16 to 91 years of age. Patients had NS from 13 to 260 days with a mean of 143.92 ± 95.29 days. Eleven out of 14 patients started NS with TPN as enteral tolerance was impossible. Two out of 14 patients could start NS with TEN as TPN was not necessary. Periods of TEN (Intestinal Insufficiency) were from 41 to 260 with a mean of 177.66 ± 104.6 days and periods of TPN (Intestinal failure Types I and II) were from 13 to 240 with a mean of 90.25 ± 76.32 days. (4) Thirteen out of 15 patients collaborated with careful follow up, after discharge were considered cured of the disease at the end of multidrug and NS treatments. (5) Six out of 15 patients required surgery either for diagnosis or treatment of complications by the surgeon of the NS team. Three out of 15 patients had fistulas during the protocol, 2/15 required surgical treatment and 1/15 closed spontaneously with TPN. (6) Nine out of 15 patients had no lung TB, making diagnosis more difficult

Conclusion: The corner stone, we firmly believe, to cure severe cases of enteroperitoneal TB is NS as multidrug treatment is the conventional approach that will only be properly delivered once NS is conceived as such, whatsoever.

Financial Support: n/a