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Gertrud Angsten, J Nutr Food Sci 2018, Volume:8
DOI: 10.4172/2155-9600-C1-052

19th International Congress on

NUTRITION & HEALTH

April 12-14, 2018 | Amsterdam, Netherlands

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Resolution of infantile intestinale pseudo-obstruction in a boy

A term boy with spontaneous passage of meconium exhibited episodes of abdominal distension and diarrhea. Due to failure to thrive and suspicion of Hischsprung's disease, he was referred to our university hospital at five months of age. Rectal biopsies were normal. Laparotomy revealed dilation of the small bowel and colon without any mechanical obstruction. Full thickness bowel biopsies were taken and a loop ileostomy was constructed. Histopathology revealed fibrosing myopathy, Cajal cell hypertrophy, and neuronal degeneration in both the large and small bowel. The small bowel showed mastocytosis without inflammation. A central venous catheter was placed for vascular access, replaced three times and later switched to a subcutaneous venous port. Catheters were locked after use with vancomycin-heparin and later taurolidine. The individually tailored home parenteral nutrition contained unsaturated fatty acid lipids to reduce cholestasis. Initial insufficient growth was improved after correction of partial parenteral nutrition based on a metabolic balance study. The ileostomy was revised once and finally taken down at 11 years of age following one year without parenteral support. At follow-up at 13 years of age he has episodes of moderate abdominal pain has entered puberty and reports a high quality of life.

Biography

G Angsten has studied Faculty of Medicine in Uppsala University and then at Uppsala University Childrens' Hospital she has worked as a Consultant in Pediatric Surgery up to her retirement. Her PhD work is on fat metabolism, a clinical and experimental study with special reference to newborns. Currently, she works part time as a Pediatrician at Gävle Hospital and her Publications are from Uppsala University. Her research interest are pediatric gastrointestinal disorders, nutrition enteral and parenteral, gastrostomy and jejunostomy.

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