

98.7 % survivability and 100% resolution of cholestasis among the patients with short bowel syndrome (SBS), treated with medical and non- transplant surgical options at the Intestinal Rehabilitation Program (IRP) at Children's National Medical Center (CNMC)

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We reviewed the outcomes of 78 patients with SBS treated at the IRP over 5 years.

Seventy-eight SBS-PN dependent patients were enrolled with a median age of 5 months and a median intestinal length of 40cm; thirty were female. The initial median daily caloric requirements by PN were 100%. Forty-eight have hyperbilirubinemia (mean DB of 10 mg/dl). Twenty had liver biopsies (twelve portal-fibrosis, five bridging-fibrosis, three cirrhosis). Height, weight Z score, platelet, albumin, bilirubin were obtained at the beginning and end of the study.

Forty-eight had hyperbilirubinemia that normalized over a mean time of 10.4 weeks using soy-bean-intralipid (SBIL). Thirty-nine reversed their cholestasis while receiving PN (81%). Twenty-five patients had 28 lengthening procedures (9-Bianchi/19 STEP); nine had ostomy in continuity. Four were listed for intestinal transplant; among them, two were transplanted, one was weaned off PN, and the other is inactive with normal bilirubin. One died (cardiac anomalies). Of the seventy-five remaining patients, 60 (80%) were weaned off PN. All laboratory parameters showed improvement ($p < 0.0001$). Overall survival was 98.7%

SBS patients treated at CNMC reversed their cholestasis with the use of SBIL in a shorter time, compared with reports using Omegaven. With medical/surgical management, SBS-patients with advanced liver disease can improve their liver functions and nutritional parameters with the ability to discontinue PN and avoid transplantation. The treatment of SBS PN-dependent patients should be based on medical and non-transplant surgical options. Intestinal transplant should be considered when those measures fail. Our IRP has demonstrated 98.7% of survivability among SBS-patients.

Biography

Clarivet Torres, Pediatric Gastroenterology-Hepatology, is the medical director and creator of the Intestinal Rehabilitation Program at Children's National Medical Center Washington-DC for 6-years. She has dedicated the last 12-years to the rehabilitation of intestinal failure (IF) patients. She did four years of fellowship at Creighton Nebraska University, completing two years of both Gastroenterology and Intestinal Rehabilitation Liver/Intestinal transplant. She was the medical director of the IRP at the University of Nebraska for six years. She has presented the high patient survivability throughout her program (90% at Nebraska and 98.7% at CNMC) at national and international meetings. She also has written multiples papers and book chapters regarding the management, complications and outcomes of patients with IF.