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Malnutrition and pediatric cardiac disease: What do we know?

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Congenital heart disease (CHD) has a prevalence of 4 to 10 per 1000 live births. Neonates and young children with CHD have long been recognized to be at risk for poor growth and failure to thrive. Previous studies have found that young children with CHD often present with impaired growth parameters. Several studies have demonstrated a high incidence of both acute and chronic malnutrition in infants and children with CHD admitted to the hospital. The poor preoperative nutritional state of these patients is often exacerbated postoperatively as the metabolic response is characterized by altered energy demands, a complex inflammatory state, and protein catabolism. The malnourished patient is at greater risk for developing infection and experiencing poor wound healing given the decreased number of nutritional substrates available to respond to the increased catabolic effects of injury from surgery. Achieving adequate nutritional intake postoperatively is often difficult and may be affected by a combination of genetic factors, increased metabolic demands, inefficient nutrient absorption, postsurgical fluid restriction, oropharyngeal dysfunction, and frequent interruptions of enteral feeding for procedures. Malnutrition has been shown to impact the physiologic stability of critically ill children, which is of importance in the neonate or child who is often hemodynamically unstable following cardiopulmonary bypass and cardiac surgery. Although advancements in surgical technique and postoperative management have dramatically improved mortality rates and hospital outcomes in patients with CHD, appropriate nutritional intake to cover metabolic demand in infants and young children postoperatively remains a frequent obstacle.

Biography

Jorge Antonio Coss-Bu completed Pediatric residency and fellowship in Pediatric Critical Care Medicine at Baylor College of Medicine and Texas Children's Hospital, Houston TX, USA and was appointed Associate Professor at the same institutions. He is board certified in Pediatrics and Pediatric Critical Care Medicine by the American Board of Pediatrics. He has over 100 scientific publications including manuscripts, abstracts and book chapters in the area of nutrition and metabolism of the critically ill child and his research work has been presented in 75 scientific events and invited to speak in more than 140 lectures in the US and worldwide.

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