

9th International Conference on

Neonatology and Pediatric Neurology

November 28-30, 2016 Valencia, Spain

Gastroschisis: Just surgery or also pharmacological therapy?

Pasqua Betta, V Fatuzzo, A Castro, A Lanzafame, C Mattia, MC Caracciolo, P Sciacca, F Sciacca, MG Scuderi and V Di Benedetto
University of Catania, Italy

Introduction: Gastroschisis is a frequent cause of intestinal dysmotility and dependence on parenteral nutrition. It is associated with the slowdown of intestinal transit which depends on the delayed intrauterine maturation of myenteric plexus and interstitial cells of Cajal and on the short bowel syndrome caused by recurring surgical resection. Despite the lack of randomized clinical trials addressing the use of Domperidone in newborns operated for gastroschisis, the use of it for treating gastroparesis syndrome and gastroesophageal reflux disease has proven its efficacy with low risk of side effects. Thus, Domperidone was successfully used for treating our patient in order to improve the intestinal motility.

Case Report: The baby, first son of a seventeen year old mother, was born at 37 weeks gestation by elective cesarean section, because of prenatal diagnosis of fetal gastroschisis. Immediately after birth, the newborn underwent surgical correction of gastroschisis and was placed on central venous catheter. Four laparotomy surgeries were necessary due to channeling intestinal failure, the marked abdominal distention and the continued incidents of postoperative biliary stagnation. During such operations, surgeons performed multiple lysing adhesions, resection of the last ileal loop with pack-to-end anastomosis, appendectomy, excision of a stenotic segment sigmoid, multiple intestinal biopsies and ileostomy; ileostomy will be closed during a further surgery after assessment of the patency of colon downstream through colostogram. At 4 months of age, due to the persistence of symptoms and the radiological evidence of severe slowdown of intestinal transit, we used the sub-continuous enteral nutrition with milk formula aminoacid plus medium chain triglycerides, parenteral nutrition with high energy quotient and, to improve the intestinal motility, we decided to start Domperidone in off label.

Conclusion: We observed a gradual improvement of food tolerance, followed by weaning from the total parenteral nutritional support. Domperidone was administered successfully and without side effects. The patient was finally discharged in good condition at 6 months of age weighting 4500 grams. So in our patient Domperidone has shown to be safety and useful.

Biography

Pasqua (Mary) Betta is a Neonatologist and Anesthesiology and Intensive Care Consultant. She is Vicar Chief Of NICU of the University of Catania. She is also specialist in Bronchopneumology . She has published More than 50 Papers in indexed reputed Journals.

mlbetta@yahoo.it

Notes: