

Title:
Necrotizing Enterocolitis in a Preterm Infant Newborn & Role of Feeding …. An Update!

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Statement of the Problem:
It's a clinical case presentation of a male Preterm infant Newborn (+31 wks) who was delivered in our hospital & transferred to our NICU because of Prematurity, VLBW & need to respiratory support. Baby shortly undergo Necrotizing Enterocolitis (NEC) on 5th day of life shortly after start of expressed milk feeding …! Which was early detected by use of Near Infrared Abdominal spectroscopy (NIRS). Baby was deteriorated clinically in a couple of hours & undergo intestinal perforation with peritonitis , So, Abdominal exploration surgery with intestinal resection & end – to end anastomosis was done urgently.
Baby improved gradually & early feedings was started & gradually increased up to full feedings with use of Human Fortified Milk (HMF) & probiotics , Prebiotics.
Findings: The Study stated the evidence-based Feeding Strategies guidelines for necrotizing enterocolitis (NEC) among very low birth weight infants & Role of trophic feedings, Probiotics, Prebiotics & micronutrients in Prophylaxis, Prevention & Management of NEC.
Recommendations: 1) -Prematurity is the single greatest risk factor for NEC & avoidance of premature birth is the best way to prevent NEC. 2)-The role of feeding in the pathogenesis of NEC is uncertain, but it seems prudent to use breast milk (when available) and advance feedings slowly and cautiously. 3)-NEC is one of the leading causes of mortality, and the most common reason for emergent GI surgery in newborns. 4)-NEC remains a major unsolved medical challenge, for which no specific therapy exists, and its pathogenesis remains controversial. 5)-A better understanding of the pathophysiology will offer new and innovative therapeutic approaches, and future studies should be focused on the roles of the epithelial barrier, innate immunity, and microbiota in this disorder. 6)-Bioinformatics modeling is a new emerging strategy aimed at understanding the dynamics of various inflammatory markers and their application in early diagnosis and treatment.

Biography

Dr. Amr Hawal is a Pediatrician and Neonatologist whose experience in the field spans 20 years, backed by a higher education degree from Ain Shams University in Egypt, one of the oldest and top ranking universities in the MENA region. He is pioneering an open and contextual evaluation model based on constructive responses, which has led in the creation of new methods to improve pediatric healthcare, neonatology and pediatric nutrition. Dr. Amr has established this model following his years of experiences in medical practice, research and evaluation, and teaching and administration in hospitals and medical universities in the reigion, including Egypt, Saudi Arabia and the UAE. Dr. Amr has published several studies in reputable international journals in neonatology and pediatric nutrition. He has also presented his findings in prestigious international conferences and symposia.

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