

Nutritional Therapy of the Enterocutaneous Fistula with Malnutrition

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Enterocutaneous fistula (ECF) is an abnormal connection between the digestive tract to the skin. Nutrition management was done by giving adequate energy and protein, maintaining fluid and electrolyte balance, preventing sepsis and allowing spontaneous closure of fistulas. We had a case of 58 years old man, with enterocutaneous fistula and history of exploratory laparotomy and colostomy surgery 1 month ago. He had decreased oral intake since 1 year ago which was getting worse in the last 1 month due to abdominal pain. On Physical examination we found anemic conjunctiva, loss of subcutaneous fat and muscle wasting. NGT was inserted with, residual gastric volume 100 ml / 24 h with black color. Fistula output was 400 cc over 24 hours. Nutritional assessment was Severe protein energy malnutrition (Subjective global assessment). On Laboratory tests he had anemia (9.4 g/dl), severe depletion of the immune system (722 /ul), hypoalbuminemia (2.4 mg / dl) and hyponatremia (129 mmol/l). The nutritional therapy was done by giving 2000 kcal energy, protein 1.5 – 2 gr/ kg Body Weight (22.5%), 50% carbohydrate, and 27.5% fat via oral, enteral and parenteral. We administered supplementations which were zinc, vitamin B complex, vitamin C, snakehead fish extract capsules (Pujimin®) and immunonutrition of glutamine and omega-3 fatty acids. After 24 days of nutritional therapy, the laboratory results were improved (Albumin 2,4 to 2,9 g/dl, normal serum electrolyte, increased total lymphocyte count) and he achieved a spontaneous fistula closure without surgery.

Biography

Nuraeni completed her study in the Medical Faculty of Hasanuddin University in 2003. She served at the public health center 2003 to 2015 and the government hospital from 2006 to 2016. Currently, she is a resident in Clinical Nutrition residency program in Department of Nutrition, Faculty of Medicine, Hasanuddin University since January 2017.

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