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FISTULOCLYSIS A RESORCEFUL INTERVENTION IN INTESTINAL FAILURE. A REPORT OF TWO CASES.

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Rationale:
In clinical practice after bowel resection, different phases of nutritional management can be discerned. Parenteral Nutrition should be initiated immediately after intestinal resection and the nutritional support protocol will
depend of the individual anatomy of each patient. The aim of this cases presentations is to demonstrate that despite the complexity that accompanies the clinical context of patients with intestinal failure and enterocutaneous fístula once we have the chance to access to an enteral feeding route it should be use as soon as possible to promote intestinal adaptation and to provide the benefits of it.

Methods:
Observational study por the report of both selected cases, reviewed the medical electronic files, biochemical parameters, history of nutritional support,anthropometry; Informed consent was requested in both cases.

Results:
Case 1
Male 58 yrs, Weight: 45 Kg, NRS-2002 5 points, BMI: 15.6kg/mts2 with history of Lynch Syndrome twelve years ago, required right hemicolectomy and ileotransverse anastomosis. He presented recurrence of the cancer went to the operating room on 3 times. Remaining anatomy was duodenal exclusion with decompressive gastrostomy, enteroatmospheric fistulas in the proximal jejunum, several enterocutaneous fistulas and mucous fistula in proximal Ileum abdominal sepsis and development of a hostile abdomen.

Nutritional Intervention: Inderect Calorimetry(IC) with a Basal Energy Expenditure of 2,200 Kcal was report. A feeding tube was placed in to the distal fistula and a peptide base formula was started. He received mixed nutritional support for 12 months, once we reached his usual body weight 61Kg. A folow-up IC was perform with Respiratory Quotient (RQ) of 1.2. Final caloric intakes were via Partenteral Nutrition (PN) 1,410 Kcal and 2,200 Kcal by Enteral Nutrition (EN), Nitrogen Balance (NB) : +3. One year after last surgery he had a successful intestinal transit reconstruction despite the
complicated anatomy remaining after multiple previous surgical procedures.

Case 2
Female, 27 yrs. Weight of 35 Kg, NRS-2002 5 points, BMI: 12Kg/mts2, It was admitted in to our hospital with a previous background of intestinal perforation 100 cm ahead of the Angle of Treitz that left a proximal jejunostomy, mucous fistula in jejunum plus abdominal sepsis. The initial evaluation detected a very high risk of refeeding syndrome, thiaminesupplementation protocol was applied and PN started 10 Kcal/Kg of actual body weight on admission.

Nutritional Intervention: Once her biochemical parameters stabilized parenteral caloric intake was progressed, at this point a cholestatic syndrome was documented , IC was performed and reported BEE of 1,600 Kcal and RQ of 0.79 ruling out overfeeding. Feeding tube was placed in mucous fistula, started with Polymeric Standard Formula (PSF), but it wasn´t tolerated, the patient presented abdominal pain and bloating, changed to a formula base of peptides.
Unfortunately due to ovarian cyst and recurring abdominal pain EN couldn´t be progress to our infussion rates goals (110ml/hr.) ,instead a partial caloric intake was maintained (maximum tolerated infusion rate 50ml/hr.). After 6 months of nutritional support we reach her usual weight 49 Kg and final caloric intakes were provided by PN with 1600 Kcal an EN with 1,200 Kcal, NB: +4. Intestinal reconnection course without complications and outstanding recovery.

Conclusion: By exposing the intestinal mucous to EN, regardless of the amount of caloric intake provided, has been shown to be an effective strategy which improves intestinal barrier function, reduces the rate of infections, decreases the rate of complications in critically ill patients and maintains immune function, among others. In the two cases presented we were able to corroborate all these benefits, since once the abdominal sepsis was controlled none of the patients presented healthcare associated infections and despite the different clinical contexts and complex surgical procedures, both cases progressed without any complications in the postoperative period.

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