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## Nutritional management in rectal carcinoma patient with wound dehiscence and hypoalbuminemia

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**Introduction:** Nutrition is known to play an important role in wound healing, malnutrition will impair in normal process of wound healing. Adequate intake of macronutrients and micronutrients before, during, and after surgery can affect the rapidity and potency of tissue repair.

**Case Report:** A 52-year-old man was consulted by a surgeon with post-laparotomy rectal carcinoma and post colostomy wound dehiscence. The main complaint of decrease intake since last 3 months, get worse in last 2 months due to reduced appetite. There was no nausea, vomiting and fever. Twenty four hours intake was 204.5 kcal. Patients were diagnosed with mild to moderate malnourished (SGA), microcytic hypochromic anemia (Hb 11.5 g/dl), immune depletion (TLC 610 u/L), hypoalbuminemia (albumin 2.5 g/dL), hyponatremia (Na 130 mmol/L) and functional gastrointestinal state. On physical examination we found sign of anemia, loss of thoracal subcutaneous fat and wasting on both lower extremities. Nutritional therapy with 1600 kcal energy was given oral and parenteral nutrition to reach the calorie target within the first four days. After being treated for 26 days, there was an increase albumin levels by 0.4 g/dl on day 15 (albumin 2.5 g/dl to 2.9 g/dl), immune depletion levels by 450 u/L (TLC 610 u/L to 1060 u/L).

**Conclusion:** Optimal nutrition support can accelerate wound healing and increase albumin levels and TLC in rectal carcinoma patients.

### Biography

Patricia Fergie Claudia Halim Puteri is currently a Clinical Nutrition Resident at Clinical Nutrition Department, Hasanuddin University, Indonesia. She has received a Bachelor's degree in Medicine from Maranatha University and (Master degree program) at Hasanuddin University. Her current research interest includes nutritional effect of chocolate to metabolic syndrome.

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