

International Conference on

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Necrotizing enterocolitis in a preterm infant newborn and role of feeding an update! (a clinical case report presentation)

Statement of the Problem: It's a clinical case presentation of a male preterm infant newborn (+31 weeks) who was delivered in our hospital and transferred to our NICU because of prematurity, VLBW and 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 and undergo intestinal perforation with peritonitis. So, Abdominal exploration surgery with intestinal resection and end – to end anastomosis was done urgently. Baby improved gradually and early feedings was started and gradually increased up to full feedings with use of human fortified milk (HMF), probiotics and Prebiotics.

Findings: The study stated the evidence-based feeding strategies guidelines for necrotizing enterocolitis (NEC) among very low birth weight infants and role of trophic feedings, probiotics, prebiotics and micronutrients in prophylaxis, prevention and management of NEC.

Recommendations: Prematurity is the single greatest risk factor for NEC and avoidance of premature birth is the best way to prevent NEC; 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



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cautiously; NEC is one of the leading causes of mortality, and the most common reason for emergent GI surgery in newborns; NEC remains a major unsolved medical challenge, for which no specific therapy exists, and its pathogenesis remains controversial; 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; 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

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 known for his astute skills in evaluation and strong passion for improving healthcare and wellbeing. 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.

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