PARENTERAL NUTRITION-ASSOCIATED CHOLESTASIS

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BACKGROUND

PARENTERAL NUTRITION-ASSOCIATED CHOLESTASIS (PNAC) results in SIGNIFICANT MORBI-MORTALITY. Progression to ENDO-STAGE LIVER DISEASE and subsequent HEPATIC FAILURE is the most feared complication.

OBJECTIVE

To INVESTIGATE the ALTERATION of LIVER BLOOD TESTS and the PARENTERAL NUTRITION (PN) CHARACTERISTICS that trigger PNAC.

METHODS

► CLINICAL BLOOD TESTS and PN DATA from January to August 2012.
► SURVIVAL STUDIES for LIVER PARAMETERS.

RESULTS

► 1810 PARENTERAL NUTRITION MIXTURES.
► 124 PATIENTS (55% MEN).
► 61 YEAR-OLD MEAN [18-95].

Parameter: [upper limit female, male]: aspartate transaminase(ASP):[32,40IU/L];Alanine transaminase(ALT):[78,78IU/L]; gamma-glutamyl transferase(GGT):[55,85IU/L]; alkaline fosfatase(ALP):[136,129IU/L]; bilirubin(BR):[1,1mg/dl].

CONCLUSIONS

► PARENTERAL NUTRITION posed a RISK FACTOR for PNAC, being GGT the MOST AFFECTED.

► However, ONLY BILIRRUBIN LEVELS PREVIOUS TO PN, ACCOUNTED SIGNIFICANTLY to the LIVER DAMAGE. The final impairment is thought to be caused by a CONGLOMERATE of PN AND PATIENT CHARACTERISTICS, and probably the LACK OF ENTERAL NUTRITION.

► This renders a DIFFICULT APPROACH when PRESCRIBING and encourages a RESPONSIBLE APPLICATION of the INDICATIONS of PN and RETURN to ENTERAL FEEDING WHENEVER POSSIBLE.

Conflict of interests: nothing to disclose

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