

The Effect of Supplemental Parenteral Nutrition on Outcomes of Necrotizing Enterocolitis in Premature, Low Birth Weight Neonates

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Abstract (up to 150 words)**Background:**

We hypothesized that supplemental parenteral nutrition (PN) decreases the need for surgery and mortality associated with necrotizing enterocolitis (NEC).

Methods:

Single institution retrospective review of all premature, low birth weight infants with NEC from 1/2006-12/2013.

Results:

NEC was identified in 114 premature, low birth weight infants, 59 (51.8 %) of which required surgical management. Surgical NEC infants were born younger (25.8 ± 4.0 vs. 27.8 ± 3.3 weeks; $p=0.005$) and weighed less at birth ($829 \text{g} \pm 281 \text{g}$ vs. $938 \text{g} \pm 271 \text{g}$; $p=0.038$) than those managed medically. There was no difference in the use of PN (37.7% vs. 31.4%; $p=0.541$) between surgical and medical NEC patients. There was no statistically significant difference in mortality at discharge between patients who had PN at NEC onset and those who did not (31.4% vs. 42.6%; $p=0.294$)

Conclusion:

In this single center study, supplemental parenteral nutrition at NEC onset does not appear to significantly improve outcomes as demonstrated by rates of surgical intervention and in-hospital mortality.

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