

Malabsorption in severe dysmotility disorders

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Presentation

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The speaker presented an educational overview of malabsorption in severe small bowel dysmotility, focusing on chronic intestinal pseudo-obstruction, where stasis and small intestinal bacterial overgrowth are the primary drivers rather than mucosal damage.

KEY POINTS

- The speaker stated that motility disorders account for approximately 18% of chronic intestinal failure requiring parenteral nutrition in Europe, with pseudo-obstruction representing the most severe form requiring radiological evidence of dilated bowel loops.
- In a Japanese series of 74 CIPO patients cited by the speaker, one third required parenteral nutrition, mean BMI was 17, and most presented with diarrhea and bloating rather than constipation.
- The speaker emphasized that small intestinal bacterial overgrowth causes malabsorption through nutrient competition, bile salt deconjugation impairing fat absorption, and altered intraluminal environment, but does not significantly damage the mucosa.
- Preserved phase three fasting motility (the migrating motor complex) was described as essential to prevent bacterial colonization; the speaker cited a study showing all patients without phase three were colonized by gram-negative bacteria in the proximal small bowel.
- The speaker recommended empirical cyclical antibiotic therapy (7-10 days per month with rotation) combined with prokinetics, noting that breath tests had 50% false positives and 45% false negatives in one cited study.
- Venting gastro-jejunostomy tubes were presented as an option that improved symptoms, BMI, and albumin levels in a Japanese case series, with the speaker's center sometimes adding extra drainage holes to the tubes.

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