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Summary

Long term survival and complications in chronic intestinal failure

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Chronic intestinal failure is a rare organ failure requiring home parenteral nutrition as primary life-saving therapy, with approximately 30% of patients achieving intestinal rehabilitation at five years while severity correlates with the type and volume of intravenous supplementation required.

KEY POINTS

- The speaker reported that in an international survey of 2919 adults with chronic intestinal failure, approximately 30% achieved reversibility at five years through intestinal rehabilitation programs, with most rehabilitation occurring around three years of follow-up.
- Survival on home parenteral nutrition for irreversible intestinal failure was stated as 88% at one year, 74% at three years, and 64% at five years.
- Rehabilitation probability varies by short bowel syndrome type: the speaker noted 75% for type 3 patients at five years, over 45% for type 2, and lower rates for type 1 with no colonic continuity.
- The speaker presented severity criteria based on a study of over 2000 patients showing that chronic intestinal failure requiring fluid and electrolyte supplementation alone is less severe than that requiring parenteral nutrition, with severity increasing progressively with parenteral nutrition volume.
- Major complications at one year were reported as catheter-related sepsis in 12% of patients, cholestasis in 4%, and thrombosis in 2%, with complication risk increasing with higher parenteral nutrition volumes.

– The speaker emphasized that chronic intestinal failure is mandatory knowledge for gastroenterologists and that early referral to specialized intestinal failure rehabilitation centers maximizes opportunities for weaning off parenteral nutrition and timely transplant assessment when needed.

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