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Summary

INTESTINAL FAILURE ASSOCIATED LIVER DISEASE DUE TO SHORT BOWEL SYNDROME, WHEN NUTRITIONAL AND MEDICAL THERAPY FAIL: A CASE REPORT

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UEG Week Vienna 2024 | Poster

Small Intestine & Nutrition

October 13, 2024

A case report describes complete resolution of intestinal failure-associated liver disease (IFALD) in a 60-year-old woman with short bowel syndrome following surgical intestinal recanalization after medical therapy failed.

KEY POINTS

- The patient developed IFALD two months after small bowel resection and jejunostomy for traumatic mesenteric injury, presenting with elevated cholestasis and hepatocytonecrosis markers
- Optimization of home parenteral nutrition composition and medical therapy did not improve laboratory abnormalities
- Surgical intestinal recanalization with double ileo-ileal anastomosis preserving the ileocecal valve and restoring approximately 80 cm of bowel continuity resulted in complete normalization of blood tests
- The authors suggest surgical therapy may be a viable strategy for IFALD refractory to conservative management, although they note surgical approaches carry higher risk and their efficacy for IFALD is not well established

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