

Clinical and Surgical Aspects in Necrotizing Enterocolitis

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Abstract

Background: The purpose of the paper is to establish whether clinical and radiological parameters can predict the progression of the pathology, the necessity of performing laparotomy for patients with peritoneal drain and the mortality in surgically treated neonatal necrotizing enterocolitis patients.

Material and Methods: A number of 51 cases with necrotizing enterocolitis from our institution were reviewed (from 2005 to 2011) and information on patient demographics and data about the clinical and radiological parameters was collected.

Results: Of the 51 patients, 29 were (56.8%) males and 22 (43.2%) females. Age at presentation ranges between 1 and 87 days, with a mean 18.71 days. Birth weight varies between 400-4700g (mean 1979.6 g \pm 1012.5). The mortality rate in our study was 45% (23 patients out of 51).

Conclusions: The mortality rate in our series was 45%. Even though Bell stage III patients have clear indications for surgery, the procedure involves high fatality. Patients who undergo surgery are more likely to die than the ones who do not. We found that a later debut of symptoms should be an alarm sign for both the severity of the condition and for its outcome.

Key words: Bell's stage, neonatal enterocolitis, debut symptoms, radiological findings

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