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Total Parenteral Nutrition-Associated Cholestasis in Surgical Neonates

of

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Abstract: Purpose: The aim of this study was to determine the risk factors in the development of total parenteral nutrition associated cholestasis which is a significant clinical problem for pediatric surgeons. Methods: The medical records of 54 neonates who had received total parenteral nutrition for more than two weeks were reviewed retrospectively. Prematurity, duration of parenteral nutrition, enteral starvation, composition of the parenteral nutrition solution, the number of septic episodes and the presence of jejunostomy were evaluated as risk factors. The results were analyzed by dividing the patients into two groups, based on conjugated plasma bilirubin levels (greater or less than 2 mg/dl) during total parenteral nutrition. Results: There were significant differences between the two groups with respect to birth weight, gestational age at birth, duration of enteral starvation, the number of septic episodes and the presence of jejunostomy. Conclusion: The interruption of enterohepatic circulation (by enteral starvation, IV administration of nutrients and the presence of jejunostomy) is one of the most important factors in the development of total parenteral nutrition -associated cholestasis.

Key Words: Total parenteral nutrition, cholestasis, enterohepatic circulation.

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