



Feeding intolerance and gastric dysmotility in critically ill child how much we know?

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Abstract

Gastric dysmotility is common in critically ill children. It is defined as the functional impairment of the stomach's capacity to move content forward by abnormally slow and/or uncoordinated activity of the gastric and antroduodenal musculature. The most common manifestation of gastric dysmotility in this cohort is delayed gastric emptying (GE), which is defined as prolongation in the time required to empty the stomach's contents. Gastric dysmotility may be a consequence of critical illness and the therapies provided in this setting. In critically ill children the prevalence of delayed GE has been estimated to be 50%. However, current methods of identifying delayed GE in this population are inaccurate, therefore the true rate of delayed GE in the pediatric intensive care unit (PICU) is unknown. Enteral nutrition (EN) intolerance is a common manifestation of delayed GE and is diagnosed by a variety of nonstandard clinical assessments that are not evidence-based. EN intolerance is the most common barrier to delivering optimal EN, and it is reported to be present in 43% to 57% of critically ill children. In addition, delayed GE has other clinical implications in the PICU, including increased risk for gastroesophageal reflux, potential for aspiration of gastric contents, and reduced efficacy of enteral medications.

A basic understanding of the physiology of gastric motility and its alteration during critical illness is essential for optimal bedside care in the PICU. Will present the pathophysiology, diagnosis, management and feeding protocol of gastric dysmotility with a focus on GE in critically ill children.

Biography:

Mohamed Ebraheem Elmesserey is a Paediatric Intensivist at Al Jalila Children's with more than 20 years of experience in both Pediatric intensive care unit and neonatal intensive care unit and graduated from Alexandria Faculty of Medicine, Egypt one of the largest and reputable University hospital in Egypt. He completed a residency programme at Alexandria University Children's Hospital and obtained his master's degree in paediatrics and neonatology and also a membership of royal colleague of pediatric and child health London UK. He was working as senior specialist in Kuwait for more than 13 years in both NICU and PICU in one of the major governmental hospital and has an interest in PICU and management of acute bronchial Asthma, ARDS, DKA, status epilepticus and all metabolic emergencies..

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