NECROTIZING ENTEROCOLITIS IN BURNS - A COMMON ENTITY OFTEN MISSED (221)

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Introduction: Patients with severe burns have SIRS with capillary leak, hypermetabolism and reduced bowel bloodflow. Only a small number are diagnosed with ischemic bowel disease. Postmortems in those who died from burn injuries show that 50% of the patients had ischemic enterocolitis [1],[2].

Case: We would like to present two patients who have been treated last year at the Norwegian National Burn Unit and emphasize on the importance of early diagnosis and treatment of necrotizing enterocolitis.

Patient 1: A 48 years old female patient with a 75% TBSA deep flame injury. Following wound debridement on day 2 post injury, 40% TBSA of the wounds were covered on day 4 post injury with split-thickness skin graft, the rest with allogeneic skin graft. On day 10 post injury she developed abdominal pain with distention, ventricl retention and elevated infection parameters. Abdominal CT scan showed ischemic bowel disease with paralytic ileus and pneumatosis intestinalis in the jejunum and ileum (Figure 1). The risk of surgery was considered too high and a conservative approach with antibiotics and bowel rest was chosen. The patient gradually improved and was discharged to rehabilitation 99 days after injury.

Patient 2: A 76 years old male patient with a 20% TBSA deep flame injury. Following wound debridement on day 2 post injury, wound cover with split-thickness skin graft was performed on day 4 post injury. 8 days after injury he developed distended abdomen with diarrhea and elevated infection parameters despite antibiotic treatment. Day 11 post injury he developed sepsis and multiple organ failure. Abdominal CT scan showed necrotizing enterocolitis with paralytic ileus and pneumatosis intestinalis in caecum and ascending colon. A right hemicolectomy, end ileostomy and a colonic fistula was performed due to necrosis of caecum (Figure 2). The patient was discharged 27 days post injury to the local hospital.

Discussion and Conclusion: Timely diagnosis of necrotizing enterocolitis is a challenge in patients with major burns. Vague symptoms must be recognized and early treatment initiated. Abdominal CT scan should be considered. In addition to intensive care measures, broad-spectrum antibiotics are recommended. If conservative therapy fails, surgery can be lifesaving.

References:
