

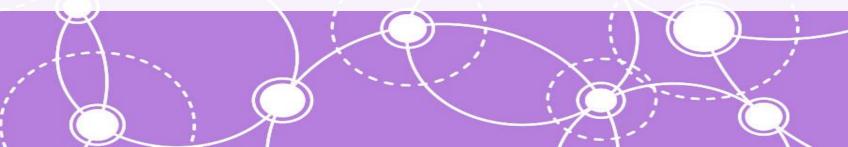
European Society for Medical Oncology

#### **ESMO** Preceptorship Programme

Oesophageal Cancer- Malnutrition – February 2017

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# Do patients in our hospitals die because of malnutrition?



## Case: on admission

- referred from internal ward
- history of 2M abdominal pain, anorexia, mixed food...liquids
- gastroscopy: stenozing tumour, histol. spinoCa G3
- CT: TU stenosis distal oesophagus, no spread
  - comment: practically no fatty tissue
- CXR normal
- lab: slight renal insuff., alb 52 g/l, lymphopenia
- Obj.: Karnofsky 60% cachexia, sarcopenia, no swelling
- Nutr screen- risk (40.5kg, 160cm, BMI: 15.8, appetite normal, weight loss 22kg/6w, food intake < ½ for > 5D





### Treatment

- Objectives: improve clinical status slowly
  - prepare for operation/RT in future
- Therapy: slow feed (PN+ NJ tube)
  - Refeeding syndrome + substitution
  - Central line infection
  - Acute abdomen + respiratory failure
  - Surgery: arterial thrombosis AMS, extensive small bowel necrosis.
- Death (cca 3w after admission)



## Discussion

• could have been saved?

- late intervention
- little chances to succeed
  - long intervention needed
  - limited time
  - many deadly complications possible



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