

Stepan Tucek

**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: stenosing 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