Early laparotomy in the management of necrotizing enterocolitis

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Aim: Even 50 years passed after definitive discerption of NEC, no consensus for proper time and optimal surgical treatment for Necrotizing enterocolitis. Aiming to answer the question in early laparotomy will improve the morbidity and mortality in NEC more than the classic indication for laparotomy.

Method: We conduct a prospective randomized study conducted between September (2013) and September (2016) on 64 neonates admitted to NICU. All was suspected to have necrotizing enterocolitis (NEC). Divided in 2 groups, in group A; early intervention criteria was applied and group B; treated conservatively with classical indication was followed up for surgical intervention.

Conclusion: Survival group A was 88.2% and 52.95 in group B (P value 0.01). Early surgical intervention reduce mortality rate in NEC and discover other rare causes of neonatal peritonitis.

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