

## Letter to the Editor: Management of Enterocutaneous Fistula: Outcomes in 276 Patients

Stephanie Pham<sup>1,2</sup> · Todd W. Canada<sup>1</sup>

Published online: 21 March 2018  
© Société Internationale de Chirurgie 2018

We read with interest the 15-year experience of Quinn and colleagues' management of enterocutaneous fistulae (ECF) [1]. The authors noted in their conclusion that these patients require considerable nutritional support; however, the details of patient nutritional demographics (e.g., weight, height, body mass index) or the type and composition of the nutrition support were not provided other than durations for parenteral nutrition (PN).

Soeters et al. found no change in mortality with PN use, although the rate of spontaneous ECF closure increased. They also noted electrolyte imbalances in 45% of patients, which increased to 86% if the ECF output was greater than 500 mL/day [2]. It would be interesting to know what the rate of electrolyte abnormalities was in Quinn and colleagues' patients. Visschers et al. also found PN as an independent predictor of spontaneous ECF closure and simplified wound care [3]. Owen et al. used preoperative PN in 80.4% of their ECF patients for a mean of 144 days [4]. It is unclear how many of the 149 ECF patients managed with aggressive nonoperative management from Quinn and colleagues received PN and for what duration.

Recent consensus guidelines suggest protein intakes of 1.5–2.5 g/kg/day and energy intake appropriate to the patient's requirements based upon nutrition assessment [5]. Use of additional nutrients including specific vitamins, trace elements, glutamine, arginine or omega-3-fatty acids

were not discussed and what route of administration if any of these were used in the patients with successful ECF outcomes would be interesting to share as this is difficult to find in the published literature. The use and duration of somatostatin analogues in these ECF patients would also be of interest.

Since this is one of the largest published studies of ECF management to date, the role of nutrition support in the care of these patients would benefit other nutrition teams.

**Author's contribution** All authors had access to the data and participated in writing the manuscript.

**Compliance with ethical standards**

**Conflict of interest** All authors do not have any conflict of interest.

### References

1. Quinn M, Falconer S, McKee RF (2017) Management of enterocutaneous fistula: outcomes in 276 patients. *World J Surg* 41:2502–2511. <https://doi.org/10.1007/s00268-017-4063-y>
2. Soeters PB, Ebeid AM, Fischer JE (1979) Review of 404 patients with gastrointestinal fistulas. Impact of parenteral nutrition. *Ann Surg* 190:189–202
3. Visschers RG, Olde Damink SW, Winkens B, Soeters PB, van Gemert WG (2008) Treatment strategies in 135 consecutive patients with enterocutaneous fistulas. *World J Surg* 32:445–453. <https://doi.org/10.1007/s00268-007-9371-1>
4. Owen RM, Love TP, Perez SD, Srinivasan JK, Sharma J, Pollock JD, Haack CI, Sweeney JF, Galloway JR (2013) Definitive surgical treatment of enterocutaneous fistula: outcomes of a 23-year experience. *JAMA Surg* 148:118–126
5. Kumpf VJ, de Aguilar-Nascimento JE, Diaz-Pizarro Graf JI, Hall AM, McKeever L, Steiger E et al (2017) ASPEN-FELANPE clinical guidelines: nutrition support of adult patients with enterocutaneous fistula. *JPEN J Parenter Enteral Nutr* 41:104–112

✉ Todd W. Canada  
tcanada@mdanderson.org

Stephanie Pham  
stephanie.pham08@gmail.com

<sup>1</sup> Division of Pharmacy, University of Texas MD Anderson Cancer Center, 1515 Holcombe Boulevard, Unit 90, Houston, TX 77030-4009, USA

<sup>2</sup> University of Houston College of Pharmacy, Houston, USA