Food as medicine: nutritional support for childhood cholestasis

Cholestatic liver disease arises from abnormal bile secretion in the liver. As bile is essential for the digestion of fatty acids and fat-soluble vitamins, one of the main outcomes of this disorder is nutritional deficiency. Children, with their high nutritional requirements, are particularly vulnerable.

This is the basis for Piotr Socha’s handling of cholestatic disease in his article “Nutritional management of cholestatic syndromes in childhood”. Blending a sound knowledge of children’s nutritional needs with clinical experience in cholestasis, Socha proposes a simple yet logical approach for easing disease symptoms in children.

According to Socha, the main culprit for malnutrition is lowered bile flow, resulting in insufficient amounts of bile acids in the small intestine for absorbing fats. As a large proportion of our fuel is derived from fat, this creates a negative energy balance. To make matters worse, the absorption of key fat-soluble vitamins is reduced, such as vitamins D, E, K and beta-carotene. This has far-reaching consequences in the child, leading to serious conditions including night blindness, rickets and hemorrhagic disease.

“Severe cholestasis,” states Socha, “requires intensive nutritional management.” To begin with, Socha advises physicians to perform a careful nutritional assessment in order to outline the best therapy. The main goal is to correct any imbalances by supplying the lacking elements. As the liver condition worsens in chronic cholestatis, liver transplantation often looms closer. Ultimately, patients with better nutritional status not only enjoy an improved quality of life, but also stand a better chance of surviving this major surgical procedure.

References