

Real-world RELiZORB case study

Review RELiZORB outcomes in a real patient who tube feeds and struggled with fat malabsorption



CASE FROM
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6 YEARS OLD

FEMALE

SHORT BOWEL SYNDROME

PATIENT INFORMATION

CONDITION

- **6-year-old child with a history of jejunal atresia** as an infant (65-70 cm small bowel, ileocecal valve intact, jejuno-ascending colon anastomosis)
- Required **parenteral nutrition (PN)**
- **Enteral feedings were inconsistent** due to GI symptoms of intolerance

CARE HISTORY

- Managed by the intestinal rehabilitation program team since birth
- Received approximately 38% of calories via PN
- Ate approximately 980 kcal/day orally
- Was enteral tube feeding with 60 mL boluses (39 kcal/oz, 156 kcal) of formula twice daily

NUTRITIONAL GOALS

- Reduce symptoms related to fat malabsorption
- Increase fat absorption

Challenges of fat malabsorption

SYMPTOMS

- Experienced diarrhea with oral and tube feeds
- Had 8-10 loose stools/day

LAB RESULTS

- Tests showed low fecal elastase, indicating malabsorption

OBSTACLES TO ADVANCEMENT

- PN dependency persisted at the levels defined above
- Required increased enteral calories
- Feedings were only tolerated at slow rates and remained intermittent due to worsening diarrhea



Patient was diagnosed with fat malabsorption because of persistent worsening diarrhea and malabsorption of feedings

Choose RELiZORB to improve fat absorption¹

ADDING RELiZORB



Started 2 RELiZORB cartridges per day with tube feeds to improve fat absorption, relieve symptoms of fat malabsorption, and improve tube-feeding tolerance

RESULTS

- After 2 months of RELiZORB use, patient reduced PN calories from 38% to 30%
 - Able to tolerate a combined 1530 kcal/day (980 kcal orally + 550 kcal via tube feeds)
 - After 14 months of RELiZORB use, patient was transitioned to a 1.5 kcal/mL formula after reporting that they felt full on higher volume 1.0 kcal/mL formula, indicating improved absorption
- Patient now receiving a combined 1880 kcal/day (980 kcal orally + 900 kcal via tube feeds)
 - Patient experienced improvement in stool output and consistency



Hear real patient case studies from your peers

More real case studies from practicing clinicians are available for information about fat malabsorption and how RELiZORB may help.

Scan the QR code or visit RELiZORBhcp.com/case-studies for more details.

RELiZORB is indicated for use in pediatric patients (ages 1 year and above) and adult patients to hydrolyze fats in enteral formula.

RELiZORB is for use with enteral feeding only. RELiZORB should not be connected to an intravenous (IV) line, setup, or system. Medications should not be administered through the cartridge.

Please see Instructions for Use for full safety information at RELiZORBhcp.com.

GI=gastrointestinal.

Reference: 1. RELiZORB. Instructions for use. Alcresta Therapeutics, Inc; 2024.



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