

# 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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 **7 YEARS OLD**

 **MALE**

 **SHORT BOWEL SYNDROME**

## PATIENT INFORMATION

### CONDITION

- **Born at 36.6 weeks** with gastroschisis with ileal atresia resulting in resection, including removal of the ileocecal valve
  - Presented with severe oral aversion and dysmotility, which led to TPN dependence
- **Patient was referred for a second opinion after experiencing increased bowel movements** (9-12 per day) and vomiting due to feeding intolerance
  - Liver enzymes (ALT and AST) were mildly elevated

### CARE HISTORY

- STEP procedure was performed prior to intestinal rehabilitation referral, provided at age 2
- Dependent on 14 hours of TPN per day, equating to approximately 80% PN dependence
  - Remaining 20% of calories received via enteral nutrition through a G-tube
- Tried several formulas, including blenderized formula
- Several motility drugs were used
- Received rotating antibiotic SIBO treatments

### NUTRITIONAL GOALS



Wean from TPN and gain weight



Control stool output and vomiting



Achieve enteral autonomy

## Challenges of fat malabsorption

### SYMPTOMS

- Not gaining weight
- High stool output
- Vomiting when tube-feeding volume was increased

### LAB RESULTS

- Fecal elastase was not tested due to unreliability from watery stool

### OBSTACLES TO ADVANCEMENT

- TPN-dependent, difficult to wean due to tube-feeding intolerance
- Attempt to increase feed volumes to meet calorie needs was not tolerated and resulted in vomiting and high stool output



**Patient most likely had fat malabsorption due to the inability to increase enteral feeds presenting with frequent diarrhea**

# Choose RELiZORB to improve fat absorption<sup>1</sup>

## ADDING RELiZORB



Started RELiZORB to improve absorption of nutrients and fats from tube feeds and help with weight gain



2 RELiZORB cartridges were used per day with Essential Care Jr.<sup>TM</sup>

## RESULTS AFTER 4 MONTHS

- GI events decreased, including bowel movement quantity reducing to 5-6 per day; patient was able to attend school
- Stool quality improved and appeared pasty and more formed
- TPN down to 8 hours per day due to reduced need for calories from TPN
- Gained 600 g body weight after 4 months
- Weight z-score was just below 0



### 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](https://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](https://RELiZORBhcp.com).**

GI=gastrointestinal.

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



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