

Real-world RELiZORB case study

Review RELiZORB outcomes in a real patient who struggled with fat malabsorption while tube feeding



CASE FROM
Dr. Hillary Bashaw, MD
Pediatric Gastroenterologist at
OHSU Doernbecher Children's Hospital

 10 YEARS OLD

 FEMALE

 SHORT BOWEL SYNDROME

PATIENT INFORMATION

CONDITION

- **10-year-old female** with short bowel syndrome due to **gastroschisis and midgut atresia with autoinfarction and microcolon**
- Also diagnosed with a cystic fibrosis transmembrane conductance regulator mutation with no clinical manifestations
- **Weight was stagnant** despite support from both enteral nutrition (EN) and parenteral nutrition (PN)

CARE HISTORY

- On PN and EN with a commercially available, blenderized whole-food formula
- Continuous overnight feeds and 4 daily bolus feeds
- Little oral intake

NUTRITIONAL GOALS

-  Achieve enteral autonomy
-  Improve GI symptoms and discomfort
-  Improve stool frequency, consistency, and urgency

Challenges of fat malabsorption

SYMPTOMS

- 3 to 4 large, urgent stools per day
- Significant abdominal distension and bowel urgency affecting quality of life

LAB RESULTS

- Stool elastase: 189 mcg/g, indicative of fat malabsorption

OBSTACLES TO ADVANCEMENT

- Struggled to reduce PN calories for months
- Weight gain stalled despite increased EN calories



Persistent diarrhea, GI symptoms, and stagnant weight despite increased calories led to a diagnosis of fat malabsorption.

Choose RELiZORB to improve fat absorption¹

ADDING RELiZORB



Started 2 RELiZORB cartridges per day with a peptide-based formula for overnight feeds, later adding 4 more cartridges for daytime bolus feeds.

RESULTS

- Stool output decreased following overnight feeds with RELiZORB, indicating better absorption of EN calories
 - Added RELiZORB to 4 daily bolus feeds
 - Passed her first fully formed stool
- Improved EN tolerance for continuous and bolus feeds
 - Weight-for-age increased from third percentile to 25th percentile
 - Transitioned to 100% of calories coming from EN



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.



Reference: 1. RELiZORB. Instructions for use. Alcresta Therapeutics, Inc; 2025.



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