

# Real-world RELiZORB case study

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



CASE FROM  
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 **16 YEARS OLD**

 **MALE**

 **SHORT BOWEL SYNDROME**

## PATIENT INFORMATION

### CONDITION

- **16-year-old male** with short bowel syndrome secondary to **type I jejunal atresia complicated by midgut volvulus**
- 15 cm of small bowel remained, with the ileocecal valve and colon intact
- Upper gastrointestinal (GI) series with small bowel follow through (UGI-SBFT) showed **90-minute transit time to colon**


### CARE HISTORY

- History of tricuspid valve endocarditis; status post repair and vegetation resection
- Attempt to remove line and maintain on enteral nutrition with GLP-2 therapy
- Readmitted with new left-sided heart failure and worsening of right heart failure and was not a candidate for advanced cardiac therapies
- On parenteral and enteral nutrition using commercially available formulas
- Eats a variety of generally unhealthy foods by mouth

### NUTRITIONAL GOALS

 Establish weight gain and support cardiac function with PPN

 Maximize enteral absorption

 Reduce GI symptoms

## Challenges of fat malabsorption

### SYMPTOMS

- Steatorrhea
- Abdominal distention
- Fatigue
- Malnutrition
  - Weight for age z-score: -3.16

### OBSTACLES TO ADVANCEMENT

- Poor enteral nutrition compliance at home limited assessment of true GI tolerance
- PN needed for growth and cardiac support but not ideal for discharge
- Unclear how to advance enteral nutrition without reliable intake data at home



**Patient was diagnosed with fat malabsorption because of steatorrhea and malnutrition.**

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

## ADDING RELiZORB



Patient was started on 2 RELiZORB cartridges per day to improve enteral absorption and reduce GI symptoms.

## RESULTS

- Patient transitioned to 100% of calories coming from enteral nutrition
- Weight gain in 2 weeks (weight for age z-score: -2.75)
- Experienced improvement in GI symptoms related to fat malabsorption, including reduction of steatorrhea



## 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 (including neonates and infants) and adult patients to hydrolyze fats during enteral feeding.

RELiZORB is for use with enteral tube feeding only. RELiZORB should not be connected to any 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).**



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



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