

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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8 YEARS OLD

FEMALE

SHORT BOWEL SYNDROME

PATIENT INFORMATION

CONDITION

- 8-year-old female with **short bowel syndrome due to surgery** to treat NEC
- After surgery, **30 cm of small intestine** and ileocecal valve remained
- STEP procedure** was performed

CARE HISTORY

- On TPN since birth, initially did well on teduglutide but didn't continue; started to wean TPN and was extremely malnourished
- Peptide-based nutrition 1.0 with 6 scoops of duocal (1.2 kcal per ounce) at 45 mL/hr for about 9 hours (486 kcal) with some oral intake
- TPN/SMOF 972 mL 8 hours per day, 5 days per week (1008 kcal per bag, 720 kcal averaged over 7 days)
- Total calories: 75 kcal/kg
- Initial weight z score of -0.32
- Was on a high dose of loperamide at 4 mg 3x per day

NUTRITION SOURCE	kcal/kg	%
PN	28	37.3%
PO	28	37.3%
EN	19	25.3%

NUTRITIONAL GOALS



Increase enteral nutrition



Maximize enteral absorption



Improve GI symptoms

Challenges of fat malabsorption

SYMPTOMS

- 2 stools per day with mashed potato consistency
- Stool urgency right after eating
- Gassiness and abdominal pain

LAB RESULTS

- Normal fecal elastase
- Fecal fat was abnormal, with increase in neutral fats and split fats
- Other stool tests for malabsorption were normal
- Calprotectin was normal
- Low vitamin D

OBSTACLES TO ADVANCEMENT

- When tube feeds were increased, patient experienced abdominal pain and diarrhea
- Unable to increase enteral volume or calories



Persistent GI symptoms, increased fecal fat, and inability to increase feeds led to a diagnosis of fat malabsorption.

EN=enteral nutrition; GI=gastrointestinal; NEC=necrotizing enterocolitis; PN=parenteral nutrition; PO=Per Os (by mouth); SMOF=soybean oil, medium-chain triglycerides, olive oil, and fish oil; STEP=serial transverse enteroplasty procedure; TPN=total parenteral nutrition.

Choose RELiZORB to improve fat absorption¹

ADDING RELiZORB



Started 1 RELiZORB cartridge per day with continuous overnight feeds.

RESULTS AFTER 4 WEEKS

- Patient's parent reported thicker stools, down from twice a day to once a day
- Patient's parent reported improvement in gas, abdominal pain, and stool urgency
- Weight z score increased to -0.30
- Able to increase feeds up to 53 mL/hr x 9 hrs (572 kcal)
- Changed formula to peptide-based nutrition 1.5, and tolerated increase in enteral feeding volume
- TPN: 875 mL/902 kcal per bag; average is 644 kcal per day
- Total calories increased from 75 kcal/kg → 85.9 kcal/kg

NUTRITION SOURCE	CHANGE IN kcal/kg	CHANGE IN %
PN	28 → 25.4	37.3% → 29.6%
PO	Stayed at 28	37.3% → 32.6%
EN	19 → 32.5	25.3% → 37.8%



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 (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](https://RELiZORBhcp.com) for full safety information at RELiZORBhcp.com.



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



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