



Inflammatory Diseases and Lack of Nutrition by Immune-Mediated Enteropathy

Benitez Malaney*

Department of Leukemia, University of Texas MD Anderson Cancer Center, Houston, USA

DESCRIPTION

The diet plays an important role in the management of inflammatory bowel disease by the lack of nutrition. This role includes preventing and correcting malnutrition, preventing osteoporosis, and, in children, promoting optimal growth and development. The celiac disease is an immune-mediated enteropathy caused by persistent sensitivity to gluten in genetically susceptible individuals.

It affects children and adolescents with gastrointestinal symptoms, herpetic dermatitis, enamel deficiency, osteoporosis, short stature, delayed puberty, persistent iron deficiency anemia, type 1 diabetes, down, turner syndrome, and williams syndrome. The syndrome, selective immunoglobulin, occurs in asymptomatic individuals. The deficiency symptoms and first-degree are related to the patients who are suffering with celiac disease. Nonalcoholic Fatty Liver Disease (NAFLD) is probably the most common cause of liver disease in the pediatric community.

The malnutrition may be significantly used for determining the outcome of corrective surgical operations and postoperative recovery. The celiac disease at which guideline committee of the North American Society for pediatric gastroenterology, hepatology and nutrition has formulated a clinical practice guideline for the diagnosis and treatment of pediatric celiac disease based on an integration of a systematic review of the medical literature combined with expert opinion.

It is closely related to obesity and insulin resistance. NAFLD can lead to Nonalcoholic Steatohepatitis (NASH). NASH is a prerequisite for defining her NAFLD in adults and children, but there are often marked differences in the degree or location of fat, inflammation, and fibrosis. Confirmation of the diagnosis of NAFLD can usually be done with imaging studies. However, a liver biopsy is required for staging. Current treatment relies on weight loss and exercise, but a variety of insulin sensitizers, antioxidants, and drugs show promise.

Different types of cardiac defects and they consequent interventions can have different effects on growth and require different strategies. Most of the treatment strategies aim to promote "catch-up growth" by providing additional calories and protein beyond the recommended daily allowance in old age. Linking CHD to malnutrition mechanisms may be related to decreased energy intake and/or increased energy requirements.

Decreased energy intake may include deficiencies in specific nutrients or inadequate total caloric intake. The increased respiratory rate associated with congestive heart failure may be responsible for the increased energy demand. However, there are no widely accepted guidelines that define the proper caloric intake for catch-up growth.

The obesity epidemic is believed to be the main reason for the increase in childhood NAFLD. Although the etiology of fatty liver in children and adolescents is not fully understood, it is widely accepted that both genetic and environmental risk factors contribute to the etiology of her NAFLD. The first line of prevention and treatment of NAFLD should focus on lifestyle interventions such as changes in diet and physical activity. However, given the difficulty of adapting to lifestyle changes, it may be necessary to administer or combine pharmacological interventions and dietary supplements.

CONCLUSION

The nutritional staging, assessment, and support are now recognized as important parts in the management of patient. It is planned carefully that the oral nutrition programs and central parenteral nutrition can be prevented or reverse protein energy malnutrition in children with cancer and thereby provide potential for growth, development, and quality of life as well as it prevents the adverse effects that are related to this malnutrition. The provision of aggressive nutritional support improves the patient's tolerance of chemotherapy in certain types of cancer and treatment.

Correspondence to: Benitez Malaney, Department of Leukemia, University of Texas MD Anderson Cancer Center, Houston, USA, Email: malaney@tez.usa

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