Editorial

Necrotizing Enterocolitis: From Diagnosis to Therapy

Necrotizing enterocolitis (NEC) has an incidence of 3-15%, varying among different geographical areas. Infants that suffer from NEC need surgical interventions in 30-40% of cases and have a mortality rate of 20-30% with a peak in 50% of cases [1-3]. Diagnosis of NEC is carried out by Bell’s staging criteria, described in the 1970’s, that utilize clinical and radiological characteristics [4]. These criteria are less specific to differentiate NEC from another pathology with similar clinical and radiological presentations. For this reason, the estimate of the incidence of NEC is inaccurate because it is difficult to obtain a right diagnosis. NEC can cause bowel loss and persistent intestinal failure, furthermore, there is no standard of care defining the minimum length of residual bowel for which comfort care should be recommended [5]. Significant differences were observed in clinical decision-making between surgeons and neonatologists, where it is necessary to improve data showing long term outcomes in intestinal failure [5]. Nowadays, there are no new kinds of diagnostic criteria and therapies, so the major challenge in the future will be to discover tests with high accuracy and specificity to carry out diagnosis of NEC and then, an early treatment. In this thematic issue for Current Pediatric Reviews, we focused on the new perspective on NEC in a comprehensive approach to physiopathology, diagnosis, classification, surgical timing, new nutritional and therapeutic strategies, long term outcome, follow up and the role of probiotics in the prevention of NEC.

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REFERENCES


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