# Intestinal Length in Children.

No registrations found.

| | |
|---|---|
| **Ethical review** | Positive opinion |
| **Status** | Recruiting |
| **Health condition type** | - |
| **Study type** | Observational non invasive |

## Summary

### ID

NL-OMON27086

**Source**
Nationaal Trial Register

**Brief title**
ILNORMS

**Health condition**

Norms for intestinal length in children.

### Sponsors and support

**Primary sponsor:** Erasmus Medical Center
**Source(s) of monetary or material Support:** Erasmus Medical Center

### Intervention

### Outcome measures

#### Primary outcome

Validation of norms for small intestinal and colon length in children from birth to five years of age.

#### Secondary outcome

1. Evaluation of height and the corresponding formula as the best predictor for small and large intestinal length in children;

2. Evaluation of the role of co-variables, such as gender and prematurity.

# Study description

### Background summary

Quantifying intestinal length is amongst other factors important in the prognosis of short bowel syndrome. Until recently, existing data on pediatric intestinal length are limited because they report postmortem values. Therefore we evaluated small intestinal and colon length in children from birth to five years of age during laparotomy. We used age, height and weight as predictors. Norms for intestinal length were developed and analysis showed that height was the best predictor for small intestinal and colon length. These data will be validated in this new prospective cohort study.

### Study objective

Height is the best predictor for intestinal length in children.

### Study design

Intestinal length will be measured once during surgery.

### Intervention

Measurement of small and large intestinal length during laparotomy. Small and large intestines will be measured in situ along the antimesenteric border using a 3-0 suture. Then a ruler will be used to measure the small intestinal and large intestinal lengths. Also measurement of weight and height at time of surgery.

# Contacts

**Public**
Dr. Molewaterplein 60, Sk-1324
A.E.C.J.M. Struijs
Dr. Molewaterplein 60, Sk-1324
Rotterdam 3015 GJ
The Netherlands
+31 (0)10-7036889
**Scientific**
Dr. Molewaterplein 60, Sk-1324
A.E.C.J.M. Struijs

Dr. Molewaterplein 60, Sk-1324
Rotterdam 3015 GJ
The Netherlands
+31 (0)10-7036889

# Eligibility criteria

## Inclusion criteria

1. All infants from birth to five years of age;

2. Laparotomy for abdominal pathology.

## Exclusion criteria

N/A

# Study design

## Design

| | |
|---|---|
| Study type: | Observational non invasive |
| Intervention model: | Parallel |
| Allocation: | Non controlled trial |

**Control:** N/A , unknown

## Recruitment

NL

| | |
|---|---|
| Recruitment status: | Recruiting |
| Start date (anticipated): | 01-12-2009 |
| Enrollment: | 100 |
| Type: | Anticipated |

# Ethics review

Positive opinion

| | |
|---|---|
| Date: | 06-11-2009 |
| Application type: | First submission |

# Study registrations

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| Register | ID |
|---|---|
| NTR-new | NL1980 |
| NTR-old | NTR2097 |
| Other | METC Erasmus Medical Center : MEC-2009-314 |
| ISRCTN | ISRCTN wordt niet meer aangevraagd. |

# Study results

**Summary results**

Struijs M-C, Diamond IR, de Silva N, Wales PW. Establishing norms for intestinal length in children. J Pediatr Surg 2009;44:933-8.