

# Peritoneal drainage, laparotomy cuts mortality in NEC

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(HealthDay)—For infants with necrotizing enterocolitis (NEC), peritoneal drainage followed by laparotomy is associated with reduced mortality but increased costs compared with peritoneal drainage alone, according to a study published online April 13 in *Pediatrics*.

Anne Stey, M.D., from Mount Sinai Medical Center in New York City, and colleagues compared total in-hospital cost and [mortality](#) for [infants](#) undergoing [surgical approaches](#) for NEC between 1999 and 2007. Successful propensity-score matching was performed with 699 infants (101 underwent peritoneal drainage; 172 underwent peritoneal drainage followed by laparotomy; and 426 underwent laparotomy).

The researchers found that for peritoneal drainage followed by laparotomy, the average adjusted cost was \$398,173, compared with \$276,076 for peritoneal drainage (P = 0.004) and \$341,911 for laparotomy (P = 0.08). The highest adjusted mortality was seen after peritoneal drainage (56 percent), compared with 35 and 29 percent, respectively, for peritoneal drainage followed by laparotomy and laparotomy (P = 0.01 and P

"These findings imply that economic analyses of prospectively gathered cost data are needed to determine not only which intervention has the best outcomes but the highest value," the authors write.

**More information:** [Abstract](#)  
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