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ABSTRACT

Objective: Perioperative immune-enhancing enteral formula (IEEF) is effective to decrease reduce the rate of infectious complications that are infective, but whether the chronic use of IEEF is are beneficial is not known to us. A pProspective randomized clinical trial was performed undertaken. This was done in order to examine the safety and effectiveness impact of the long-term IEEF on the nutritional condition and immunological status of in-non-surgery patients receiving under total enteral nutrition through the gastrostomy access route. A total of 30 patients was were randomly assigned to two groups in the present study.

Comment [A1]: Some singular nouns refer to one specific thing (the only one of its kind) and therefore, "the" is placed before the noun. Here, "the" is used because a specific route is being referred to.

Methods: The tTwo groups received total enteral nutrition either with IEEF immune enhancing enteral formula (Group IEEF, n=15) or with regular polymeric enteral formula (Group C, n=1514) for 12 weeks. Nutritional and immunological parameters were periodically examined.

Comment [A2]: Abbreviations are defined at their first mention in the text and the abbreviated form is used consistently at all subsequent instances

Comment [A3]: Spaces are generally inserted before and after arithmetic symbols.

Results: A significant increase of in the serum levels of insulin-likea growth factor 1 (similar to insulin, IGF-1)1. Twas noted in Group IEEF throughout the course of the study. Furthermore, the While serum levels of dihomo-γ-linoleic acid in Group IEEF was significantly decreased and those, serum levels of eicosapentaenoiceicosa pentaenoic acid and docosahexaenoic acidsdochsa hexaenoic acid were significantly increased in Group IEEF. Serum The serum levels of arginine and ornithine concentrations also increased significantly in Group IEEF—were significantly increased. No significant difference was noted in the CD4/CD8 ratio and NK cell activity—were observed_in Group IEEF, but the difference was not significant. A significant increase of in the B-cell fraction and the decrease of in the T-cell fraction of peripheral lymphocytes were observed in Group IEEF. There was no infectious or and noninfectious non-

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infectious complications occurred during the study period in both groups, except for a significant increase in the serum levels of BUN and uric acid concentration.

Conclusion: The longLong term use of IEEF is safe safely performed in non-surgery patients and results in, which enables to cause a significant increase in the of serum levels of IGF-14 concentration associated with an increase in humoral immunity.



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