



Background

The association between Acute Diverticulitis (AD) and Inflammatory Bowel Diseases (IBD) is extremely rare in literature and not well studied as a result of the scarcity of reports and overlapping clinical and radiological features. In this study, we aim to investigate the clinical impact of IBD on the outcomes of patients admitted for AD.

Methods and Materials

The National Inpatient Sample Database of the years 2016 to 2019 was analyzed, and patients who were hospitalized for AD, with or without a secondary diagnosis of IBD (Crohn's Disease and ulcerative colitis) were identified using the 10th Revision of International Classification of Diseases codes. Univariates and Multivariate logistic regression analysis was performed to determine risk difference in mortality and AD-related complications. Data was considered statistically significant with p-value < 0.05.

Results

A total of 313,054 adults AD hospitalizations were identified, among which 3090 (1%) had a history of IBD. AD patients baseline characteristics and comorbidities are listed in Table 1 stratified by IBD diagnosis. IBD patients found to have 27% increase in risk of AD than IBD-free patients (adjusted odds ratio (aOR) 1.27, p< 0.001) with no difference in risk of mortality between the two groups (aOR 1.37, p=0.437). AD/IBD patients had significant increased risk of bowel perforation (aOR 3.41, p=0.04), sepsis (aOR 1.69, p=0.002), septic shock (aOR 3.16, p< 0.001), acute kidney injury (aOR 1.35, p=0.036) and undergoing colonic resection (aOR 1.28, p=0.018) than AD/non-IBD group. In term of healthcare resources utilization, IBD patients had a prolonged length of stay (adjusted mean difference (aMD) 1.39 days, p< 0.001) and increased cost of care (aMD 16993\$, p< 0.001) when hospitalized for AD when compared to non-IBD patients.

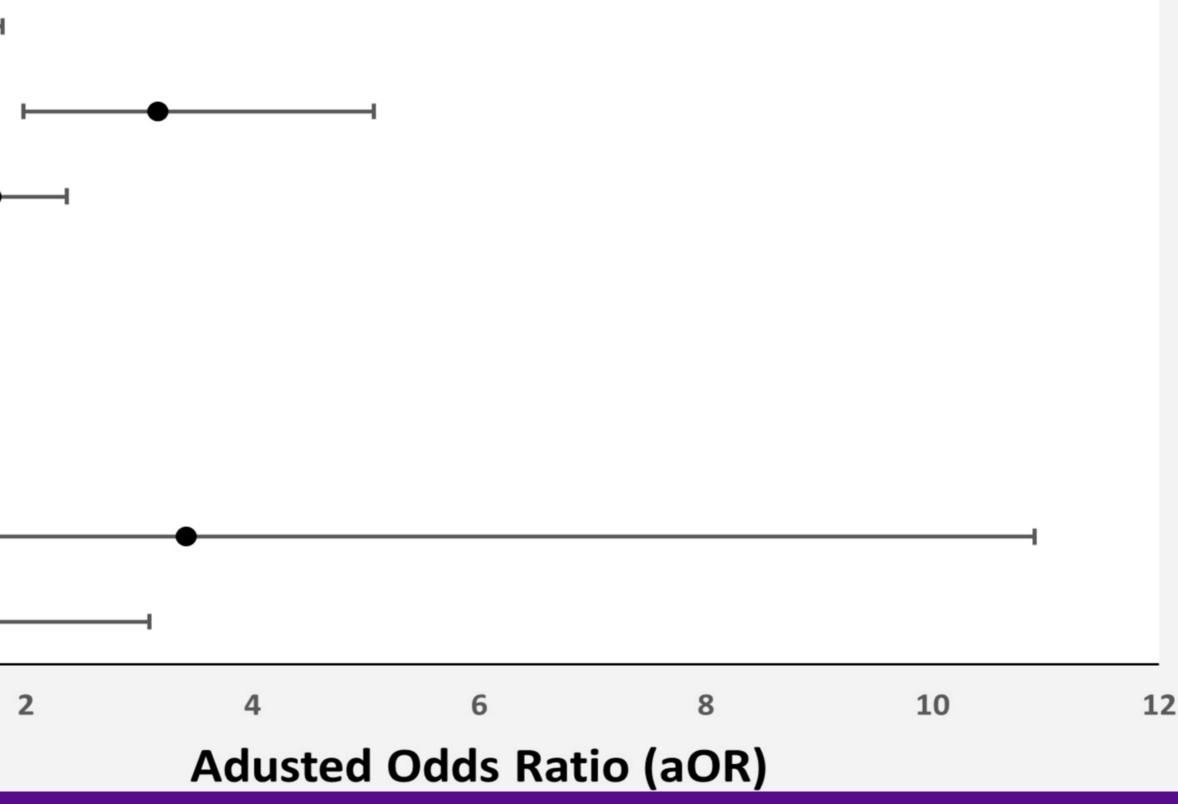
Inflammatory Bowel Diseases Results in Worse Hospital Outcomes in Patients Admitted for Acute Diverticulitis: A Study of the National Inpatient Sample

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st plot of study outcomes



Conclusion

ve analysis to demonstrate the effect of IBD on AD. IBD patients are at higher risk of developing AD, for AD were found to have had higher risk of bowel shock, acute kidney injury and undergoing colonic ncrease in healthcare resources utilization. As such inical practice, misdiagnosis can occur and therefore gh index of suspicion in this challenging scenario to outcomes and decrease resources utilization.

Contact

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