Introduction:

- Inflammatory bowel disease (IBD) patients undergoing ERCP have not been well studied, with few prior studies existing within the current literature with conflicting results.
- The purpose of this study is to evaluate the impact of IBD on the occurrence of adverse events (AE) relating to ERCP.

Methods:

- This project utilized the National Inpatient Sample (NIS)
 database, the largest inpatient database in the United States.
- All patients 18 years or older with and without IBD undergoing ERCP were identified from 2008 to 2019. Relevant patient characteristics were identified using ICD-9 and ICD-10 codes.
- The AEs of interest were pancreatitis, cholecystitis, infection, perforation, gastrointestinal (GI) bleeding, length of stay (LOS), and total inpatient cost. These post-ERCP AEs were analyzed using multivariate logistic or linear regression controlling for age, race, and existing comorbidities using the Charlson comorbidity index (CCI).
- The primary and secondary diagnoses were used as the procedure indication and the subsequent diagnoses as complications.

Results:

- IBD patients undergoing ERCP experienced decreased post-ERCP pancreatitis (PEP) (2.41% vs 3.56%, p=0.0242), GI bleeding (0.24% vs 0.96%, p=0.0093), mortality (0.35% vs 1.47%, p=0.0014), LOS (5.4 vs 6.4 days, p< 0.0001) and inpatient cost (\$53,848 vs \$70,096, p< 0.0001).
- There was no significant difference in cholecystitis, infection, or perforation. Adjusted logistic regression indicated that IBD patients remained less likely to experience post-ERCP bleeding (OR: 0.29, p< 0.0001).
- There was no difference between PEP or mortality after adjusting for covariates.

Discussion:

- There was no significant difference in PEP or mortality, except for an apparent lower risk of GI bleeding in the IBD group.
- Multiple factors may have contributed to these findings including significant advances in medical therapy for IBD.
- Additionally, the association of biliary disease with IBD does not necessarily parallel active intestinal inflammation.
- This is the largest study evaluating outcomes in IBD patients undergoing ERCP.

Endoscopic Retrograde Cholangiopancreatography Outcomes in Inflammatory Bowel Disease Patients: A 12-Year Analysis of a National Database

Ameya Deshmukh, DO¹, Parth Desai, DO², Timothy Chrusciel, MPH³, Antonio Cheesman, MD⁴

- ¹Department of Internal Medicine, Saint Louis University SOM, St. Louis, Missouri
- ²Division of Gastroenterology and Hepatology, Reading Hospital Tower Health, Reading,
- Pennsylvania
- ³Advanced Health Data Research Institute (AHEAD), Saint Louis University, St. Louis, Missouri
- ⁴Division of Gastroenterology and Hepatology, Saint Louis University SOM, St. Louis, Missouri

"There was no significant

difference in PEP or

mortality, except for an

apparent lower risk of GI

bleeding in the IBD group."



IBD Status		
Yes (n=5993)	No (n=2,007,719)	p-value
52.6 (0.59)	59.5 (0.13)	<.0001
		<.0001
4,382 (73.1%)	1,257,759 (62.6%)	
458 (7.6%)	169,493 (8.4%)	
412 (6.9%)	291,708 (14.5%)	
71 (1.2%)	70,233 (3.5%)	
20 (0.3%)	12,865 (0.6%)	
147 (2.5%)	64,217 (3.2%)	
503 (8.4%)	141,445 (7.0%)	
		0.0006
3,244 (54.13%)	1,181,239 (58.83%)	
2,749 (45.87%)	825,269 (41.10%)	
0.9 (0.03)	1.8 (0.01)	<.0001
144 (2.41%)	71,381 (3.56%)	0.0242
46 (0.76%)	20,878 (1.04%)	0.3501
388 (6.48%)	147,601 (7.35%)	0.2166
		0.9882
,		0.0093
		0.0014
		<.0001
		<.0001
	Yes (n=5993) 52.6 (0.59) 4,382 (73.1%) 458 (7.6%) 412 (6.9%) 71 (1.2%) 20 (0.3%) 147 (2.5%) 503 (8.4%) 3,244 (54.13%) 2,749 (45.87%) 0.9 (0.03) 144 (2.41%) 46 (0.76%)	Yes (n=5993) No (n=2,007,719) 52.6 (0.59) 59.5 (0.13) 4,382 (73.1%) 1,257,759 (62.6%) 458 (7.6%) 169,493 (8.4%) 412 (6.9%) 291,708 (14.5%) 71 (1.2%) 70,233 (3.5%) 20 (0.3%) 12,865 (0.6%) 147 (2.5%) 64,217 (3.2%) 503 (8.4%) 141,445 (7.0%) 3,244 (54.13%) 1,181,239 (58.83%) 2,749 (45.87%) 825,269 (41.10%) 0.9 (0.03) 1.8 (0.01) 144 (2.41%) 71,381 (3.56%) 46 (0.76%) 20,878 (1.04%) 388 (6.48%) 147,601 (7.35%) 6 (0.09%) 1,915 (0.10%) 15 (0.24%) 19,369 (0.96%) 21 (0.35%) 29,580 (1.47%) 5.4 (0.18) 6.4 (0.03)

	Model 1. Pancreatitis	Model 2. Bleeding	Model 3. Mortality
ndependent Variable	Odds Ratio (95% CI)	Odds Ratio (95% CI)	Odds Ratio (95% CI)
lo IBD	1.38 (0.97-1.96) p=0.0711	3.47 (1.13-10.63) p=0.0297	2.14 (0.81-5.64) p=0.1262
ge at admission	1.00 (1.00-1.00) p<.0001	1.01 (1.01-1.01) p<.0001	1.03 (1.03-1.03) p<.0001
ace	p<.0001	p<.0001	p<.0001
White	ref	Ref	Ref
Black	1.03 (0.96-1.11)	1.30 (1.15-1.46)	1.39 (1.27-1.51)
Hispanic	1.45 (1.32-1.58)	1.13 (1.01-1.25)	0.93 (0.84-1.02)
Asian or Pacific Islander	1.83 (1.64-2.05)	1.91 (1.65-2.21)	1.26 (1.11-1.42)
Native American	0.95 (0.75-1.20)	1.20 (0.80-1.79)	1.28 (0.92-1.79)
Other	1.13 (1.01-1.26)	1.27 (1.06-1.52)	1.16 (1.00-1.35)
Unknown	0.78 (0.70-0.87)	1.17 (1.04-1.33)	1.19 (1.06-1.33)
emale Gender	0.99 (0.95-1.02) p=0.4110	0.81 (0.76-0.87) p<.0001	0.85 (0.80-0.89) p<.0001
Comorbidity Index	1.00 (0.99-1.01) p=0.5016	1.04 (1.03-1.05) p<.0001	1.30 (1.29-1.31) p<.0001

	Model 4. LOS	Model 5. Total Cost
Independent Variable	Regression Coefficient (SE)	Regression Coefficient (SE)
No IBD	0.40 (0.19) p=0.0308	\$8,649 (2544) p=0.0007
Age at admission	0.01 (0.001) p<.0001	\$43 (12) p=0.0003
Race	p<.0001	p<.0001
White	ref	ref
Black	1.46 (0.06)	\$9,597 (824)
Hispanic	0.34 (0.05)	\$18,894 (1061)
Asian or Pacific Islander	0.44 (0.08)	\$27,503 (1726)
Native American	0.45 (0.17)	\$2,408 (2113)
Other	0.81 (0.09)	\$16,078 (1368)
Unknown	-0.07 (0.09)	\$-15,371 (1156)
Female Gender	-0.63 (0.03) p<.0001	\$-9,717 (409) p<.0001
Comorbidity Index	0.51 (0.01) p<.0001	\$5,588 (160) p<.0001