

References

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INTRODUCTION

Diverticular disease causes significant morbidity and impaired quality of life. Although often asymptomatic, serious complications inclue hemorrhage with/without infarction and inflammation with possible abscess format perforation, or fistulation may arise. The ro comorbid conditions on development of div complications however remains to be eluci We sought to evaluate comorbid disease associations on the incidence of complicat diverticular disease.

METHODS

The Grady Healthcare inpatient database 2010-2019 was queried and cases of diver identified. The incidence of diverticular disc related hemorrhage and diverticulitis was examined. Chi-squared and/or Fischer's examined where appropriate, were used to assess demographic and comorbid disease assoc

CONCLUSIONS

While HDD was directly associated with hypertension but not with diabetes diverticulitis was inversely associated with hypertension and diabetes mellitus. Further studies are needed in prospective cohorts to evaluate the impact of comorbidities on patient outcomes in diverticular disease.

Demographic associations and potential impact of comorbid conditions on complications of diverticular disease

RESULTS

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Diverticulitis = 5.50%

A total 418 cases of diverticulosis were identified, 67.22% were female, mean age was 65.15years (SD12.31), -84 years (42.58%), and \geq 85 years (7.89%). (85.65%), followed by white/Caucasian patients with diverticular disease was 31.75

> rticulitis in 5.50%. Patients with HDD had a nean BMI of patients with HDD was 33.03 ations of diverticulitis were younger with a an BMI of patients

> ely to have comorbid ssociation was found with diabetes mellitus ticulitis compared to patients without were P=0.04), and less likely to have comorbid

