



Hospitalization outcomes and racial disparities in Eosinophilic esophagitis patients: An analysis of the national inpatient sample data from 2016 to 2019

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INTRODUCTION

- Eosinophilic esophagitis (EoE) has been historically more associated with Caucasians.
- There is currently increased evidence that this disease is underreported in other races especially African American population.
- In addition, other reports have suggested that EoE may present differently in the African American population.
- The aim of our study is to examine outcomes of EoE based on different racial backgrounds.

METHODS AND MATERIALS

- Patients hospitalized between 2016 and 2019 who was admitted primarily with EoE or with EoE associated complication (Food impaction, refractory GERD, Dysphagia) and with known EoE diagnosis were identified using International Classification of Diseases Code, 10th Revision Clinical Modification (ICD-10) identified from the Healthcare Cost and Utilization Project databases (HCUP) using the National inpatient sample (NIS).
- Those patients were stratified according to race. Mortality, length of hospital stay, Esophagogastroduodenoscopy (EGD) number and time to EGD was compared between both groups

RESULTS

- After exclusion of other races, a total of 5610 hospitalizations were identified. 4935 (87.97%) patients identified as white while 675 (12.03%) identified as African American.
- The mean age was 33.13 for the white patients as compared to 32.39 for the African American patients (p=0.79). Patients from African American origin had increase Length of stay, 4.04 days (95% CI 3.24-4.84) as compared to 3.14 days (95% CI 2.86-3.42) for white patients, p<0.001.
- The mortality rate for white patients was 0.001% as compared to 0% for African American patients (p=0.712).
- Time to EGD was obtained for both groups. The median time to EGD was 1 day (IQR=1) for white patients and 2 days (IQR=2) for African American patients. Log rank test showed $\chi^2(2) = 3.88$ and p=0.04

CONCLUSIONS

- Patient from African American descent admitted with EoE appear to have similar mortality as compared to white patients but higher morbidity in the form of longer LOS and longer time to EGD. Further prospective studies are needed to examine this differences and identify possible causes for it.

Disclaimer

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