

14th Euro-Global Gastroenterology Conference

July 08-09, 2019 | Zurich, Switzerland

2EHVLW\ LV DVVRFLDWHG ZLWK LQFUHDVHG ULVN IRU DUWHULD
ERZHO GLVHVDH SDWLHQWV

Pearl Princess UyY Xiao¹ : D N H And G Garagoziañ

¹University of Connecticut Health Center, USA

²Saint Francis Hospital, USA

Introduction: There is an increasing prevalence of obesity worldwide, including recent studies indicating increasing prevalence of obesity among inflammatory bowel disease (IBD) patients. There are mixed data regarding the impact of obesity on IBD-related health outcomes. Obesity, defined by a body mass index of at least 30, is associated with a pro-inflammatory state with elevated levels of C-reactive protein, tumor necrosis factor- α and interleukin-6. IBD also predisposes individuals to thrombosis via up-regulation of prothrombotic factors and inhibition of fibrinolysis. Currently, there is paucity of knowledge regarding obesity and the risk of thrombosis among IBD patients. We aimed to determine the prevalence of arterial and venous thromboembolism (VTE) among obese and non-obese hospitalized IBD patients.

Methods: Discharges in the Nationwide Inpatient Sample (NIS) data set from 2012 were analyzed to identify Ulcerative colitis (UC) [ICD-9 556.0-556.9] and Crohn's disease (CD) [ICD-9, 555.0-555.2, 555.9] patients with obesity [ICD-9 278.00-278.01, V85.30-V85.45]. The incidence of arterial and venous thrombotic events and inpatient mortality were compared between obese and non-obese IBD patients using chi-square analysis.

Results: A total of 20,860 UC patients were identified and 9.19% were noted to be obese (n=1,918). Chi-square analysis demonstrated an increased prevalence of VTE that includes deep vein thrombosis and pulmonary embolism (11.73% vs. 8.23%, $p < 0.0001$) and arterial thrombosis that consists of cerebral and coronary artery thrombosis and myocardial infarction (12.15% vs. 10.43%, $p = 0.00215$) among obese UC compared to non-obese UC patients.