Conclusion(s): This study showed that of our small sample size, AA occurred more commonly in patients with CD than UC. Although IBD is more prevalent in women, we found AA and IBD to be equally common between men and women. Presence of proteinuria, other renal dysfunction, fistula, or abscess should serve as indicators for potentially increased AA risk in CD patients. AA is a rare complication in IBD patients, but as IBD continues to increase worldwide, clinicians should remain aware of this potentially fatal complication.

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Disparity of Care Is Not Observed Across Racial and Ethnic Groups During Hospitalization for Inflammatory Bowel Disease

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Background: Although Inflammatory Bowel Disease (IBD) is more common in non-Hispanic White populations, rates are increasing among non-Whites. Despite some possible differences in disease phenotypes between racial groups, disease management guidelines are identical for different groups. However, multiple studies have demonstrated that social determinants of health (SDOH) play a critical role in disease management and outcomes for patients with IBD, as patients from minority populations often have delayed diagnosis, increased surgeries, and post-surgical complications. Several factors likely contribute to these healthcare disparities, with financial compensation and access to healthcare among them. Hospital admission ideally provides a setting that removes these barriers, and therefore should not be associated with healthcare disparities, though this has not been previously studied. We sought to identify if SDOH guide inpatient management of patients with IBD.
Methods: We conducted a retrospective cohort study of adult patients with IBD-related inpatient admissions to any of Northwell Health's 21 hospitals between 2010-2018. Patients were identified by a hospital admission primary diagnosis of ulcerative colitis (UC) or Crohns disease (CD), or a secondary diagnosis of UC or CD with a primary diagnosis of diarrhea, abdominal pain, or gastrointestinal bleeding. We analyzed data on patient demographics, medical history, and inpatient management features, including the use of imaging, medications, and procedures. Biological medication was defined as the use of infliximab, adalimumab, certolizumab. Race/ethnicity was characterized as Hispanic, Asian, Black, White, other, and unknown. Insurance status was characterized as private, Medicare, or Medicaid. Self-pay patients were excluded from analysis. Variables were tested using logistic regression for binary outcomes. To control the overall Type 1 error rate for the hypothesis that there were racial disparities in inpatient management of IBD, the Holm-Bonferroni method was used to adjust the P-value thresholds for statistical significance in each of the multiple tests performed to evaluate the hypothesis.
Results: In total, 1,732 patients were identified and included in the analysis. Overall, 57% (n = 985) were White, 9% Hispanic, 5% Asian, 13% Black, 6% other, 9% unknown. 55% of patients were female, 45% had Crohn's Disease, 14% were on steroids prior to admission. 47% of patients had private insurance, with the remaining having either Medicare or Medicaid. When assessing hospital interventions and outcomes based on racial/ethnic group, there was no difference in length of stay, use of medications (corticosteroids, aminosalicylic acid formulations, opioids, biological) during hospital admission and on discharge, stool testing performed as inpatient, imaging (CT, MRI) or endoscopies performed.
Conclusion(s): SDOH play a critical role in the disease course and outcomes for patients with IBD. In this large retrospective study, we found that among patients hospitalized for IBD exacerbations there was no disparity of care across racial/ethnic groups. Our findings suggest that factors such as insurance status and access to healthcare are likely the main contributors to the healthcare disparities seen in the outpatient setting. Our results reflect the experience in a large urban health care system, and further studies are needed to replicate the data in other settings.

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Infliximab Infusion Related Adverse Events in the Home Setting

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Background: Infliximab infusion therapy administered in the home setting can be a convenient, safe, and effective treatment option for patients being treated for inflammatory conditions. Infusion related adverse events (AEs) can occur with infliximab infusion regardless of setting but may be less common after therapy initiation. Product labeling reports 9% of infusion related reactions occur during the maintenance period in those that did not have a reaction during the induction period. We sought to assess the rate of real-world infusion related adverse events in patients receiving maintenance infusions in the home setting.
Methods: An observational retrospective study using data collected during infliximab infusion visits, administered by Accredo (an Evernorth company) field nurses, was conducted. Assessment data related to the visit, including patient weight, infused drug information, occurrence of an AE, type and timing of AE, and action taken, was recorded on an electronic mobile device. The collected data would later be transferred to the organization's internal information warehouse. The prevalence of AEs in the study population, breakdown of AE type, and percentage of patients that were transferred to an emergency room were evaluated.
Results: A total of 863 patients accounted for 8,388 infliximab infusions in calendar years 2020 and 2021. On site adverse events, during or after infusion, occurred in 39 unique patients (4.5%) with a total of 49 (0.58%) adverse events over the study time period. Among the 49 recorded AEs, the most common types were fatigue (22.4%), dermatologic (20.4%), and cardio/pulmonary (16.3%). Among the 863 patients being treated with infliximab, 11 (1.3%) experienced fatigue, 10 (1.2%) had a skin related AE and 8 (0.9%) experienced a cardio/pulmonary related AE. During the study period 3 patients (0.35%) sought emergency room care after infusion.
Conclusion(s): Studies on biologic infusions administered in the home setting have reported higher rates of adverse events requiring escalation of care. However, in our experience, over 95% of patients that received an infliximab infusion in the home setting during the study period tolerated the infusion without incident. Infusion related adverse events occurred infrequently and were mild to moderate in severity. Adverse events were associated with only 0.58% of infusions and only 3 patients (0.35%) required escalation to emergency room care. Our results demonstrate that home infusion services are a safe option for patients to obtain their medication in a familiar and convenient setting.

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Pediatric Case of Massive Bleeding from a Steroral Ulcer With Angiodysplasia

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Case: Introduction: Stercoral colitis is a rare form of inflammatory colitis that usually occurs due to massive stagnation of fecal material, accompanied by intestinal distention, bleeding, and other typical and atypical complications, with further formation of the so-called fecaloma. In the practice of pediatric surgery and gastroenterology, as well as emergency medicine for children, patients with such symptoms are most often hospitalized under the preliminary diagnosis of "acute abdomen", and stercoral colitis is not diagnosed in routine pediatric practice.
Case presentation: The case of a 7-year-old child (born in 2015) with complaints of abdominal pain, bloating, and rectal blood clots unrelated to bowel movements has been investigated. The patient has suffered from constipation from the ages of one to 3 years old. At the age of 3, the patient discovered bleeding. According to the medical record, a gradual improvement has been achieved in 2017, constipation was managed with lactulose. In 2019, the patient was re-diagnosed with the above complaints and hospitalized with a diagnosis of ulcerative colitis. But after the diagnostic colonoscopy investigation and clinical features of the disease, the patient has been diagnosed Stercoral colitis by surgeon. Further, following the gastroenterologist's recommendation, the patient was referred for a series of instrumental diagnostics to collect visual data. In the protocol of the ultrasound, the presence of an echocardiogram of a cavernous hemangioma of the lower and middle parts of the rectum was concluded. Further, according to MSCT data, a picture of venous malformation of the small pelvis and perineum was revealed, with varicose veins of the pudendal veins, veins of the rectum, the internal gluteal vein on the right, soft tissue veins of the perineum, with the presence of collaterals in the middle sacral vein. To eliminate the suspicions of oncology, an MRI was performed. MRI diagnostics revealed signs of diffuse changes in the walls of the rectum with multiple hemangiomas of the pelvic (left), and gluteal-femoral region (right) with suspected angiomatosis. Video colonoscopy revealed signs of lengthening of the colon loops, anal fissure, sphincteritis, linear oozing rectal stercoral ulcer. Four weeks after discharge, he had 6 episodes of bright red per rectal bleeding that progressively worsened. Emergency colonoscopy showed a blood-filled rectum with a 5mm actively bleeding linear ulcer 4cm from the anorectal junction. Hemostasis was achieved with epinephrine injections and hemostatic clips to the ulcer, and once stable, the patient was discharged.
Conclusion: Complicated forms of stercorial colitis can be fatal and require immediate action. As revealed, chronic constipation with an atypical course and the presence of a symptom complex of ulcerative colitis can be a red signal for the gastroenterologist and surgeon. Diverticulosis and angiodysplasia are the 2 commonest causes of massive lower gastrointestinal (GI) bleeding. After resuscitation, urgent endoscopy can usually identify and treat the lesion. This approach will allow a quick step towards the therapeutic stage from the diagnostic stage, and as a result avoid more serious complications, such as intestinal perforation, peritonitis, and others.