

ENTERIC INFECTIONS WORSEN POST DISCHARGE OUTCOMES IN PATIENTS HOSPITALIZED FOR INFLAMMATORY BOWEL DISEASE FLARE: A SINGLE CENTER STUDY.

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Poster

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A retrospective study of 356 hospitalized IBD patients found that those with concomitant enteric infections had longer hospital stays, higher CRP levels, and increased post-discharge steroid dependency compared to those without infections.

KEY POINTS

- IBD patients with enteric infections (n=267) had longer median hospitalization times than those without infections (n=89): 10 versus 6 days, $p<0.001$, and higher CRP levels: 36 versus 17, $p<0.001$.
- Patients without enteric infections had higher post-discharge ED readmission rates for flares compared to infected patients: 32.6% versus 21.3%, $p=0.04$.
- Infected patients demonstrated higher steroid dependency after discharge compared to non-infected patients, $p=0.003$, with no difference in biological therapy optimization between groups, $p=0.07$.
- Among infected patients, those with non-CDI infections had significantly higher IBD-related re-hospitalization rates than CDI patients: 22.9% versus 0%, $p=0.02$.
- The authors conclude that enteric infections contribute to IBD-related complications and recommend early detection and appropriate management strategies.

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