Disclosures. No reported disclosures.

1488. Effects of Clostridium difficile Infection in Hospitalized Patients with Inflammatory Bowel Disease, National Inpatient Sample Study 2016

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Session: 138. Enteric and Intraabdominal Infections
Friday, October 4, 2019: 12:15 PM

Background. Patients with inflammatory bowel disease (IBD) including ulcerative colitis (UC) and Crohn's disease (CD) have been shown to have increased Clostridium difficile infection (CDI) rates. In this study, we aimed to determine the effects of concurrent CDI in the outcomes of hospitalized patients with IBD.

Methods. In this retrospective cohort study, we analyzed the 2016 National Inpatient Sample (NIS) database of hospitalized patients with a first or secondary diagnosis of CDI and CDI using their respective ICD-10 codes. Primary outcomes of interest were all-cause mortality, hospital length of stay, total cost for hospital stay, and rate of colectomy. Multivariable regression was used to adjust for age, gender, race, hospital bed size, and Charlson comorbidity index. We used STATA 14 for analysis.

Results. There were a total of 3,306 patients admitted with IB and CDI, of which 1,864 had a diagnosis of UC and 1,460 had a diagnosis of CD. 58.02% of the population were females. Median age was 57 years (IQR 41-74). The incidence of CDI was 2.4% with an equal distribution between UC and CD. The adjusted rate of concurrent CDI was 5.7% in UC and 6.2% in CD. A statistically significant increase in all-cause mortality was observed. Among selected comorbid conditions, HIV, acute renal failure, cancers affecting bone marrow, and diseases of the digestive system were associated with increased mortality.

Conclusion. Salamoniosis is an underlying and/or associated cause of death, especially among those with immune suppression and sepsis. Despite a substantial decline in mortality rates, since 2006 rates have increased, a concerning trend. If rates continue to increase, an evaluation of Salmonella prevention efforts will be warranted.

Disclosures. All authors: No reported disclosures.