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Ethnicity GIB hospitalizations were significantly higher in white patients than in black or Hispanic patients in both CD and UC (p<0.001), comprising about 75% and 80% of GIB hospitalizations in CD and UC respectively.

Conclusion There has been a decreasing prevalence and trend of GIB in both CD and UC hospitalizations from 2003-2017, which may be due to better disease control from advancements in IBD therapies over the years. The reason for a smaller decrease in GIB hospitalizations in patients with CD compared to UC is unclear but may reflect its more complex and heterogeneous presentations and complications.

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HIGH VOLUMES OF EMERGENCY MEDICAL SERVICES MAY NOT IMPROVE CLINICAL OUTCOMES IN ACUTE LOWER GASTROINTESTINAL BLEEDING: A MATCHED CASE-CONTROL STUDY USING PROPENSITY SCORE

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BACKGROUND: The differences in clinical outcomes following emergency medical services between high- and low-volume centers with respect to acute lower gastrointestinal bleeding (ALGB) remain unknown. In this study, we aimed to compare clinical outcomes and management strategies between high- and low-volume centers in emergency medical services.

METHODS: In this retrospective study, propensity score matching was used to compare high- and low-volume hospitals with respect to emergency medical services. We identified 10,530 cases of ALGB from 43 hospitals including one prefectural group between May 2002 and August 2020. After excluding duplicated cases, 8,286 cases were included and divided into two groups (high- and low-volume centers) according to the number of emergency medical services performed in 2019. Hospitals with more than 5,000 cases of emergency medical services in 2019 were categorized as high-volume centers. The remaining centers were considered to be low-volume centers. Age, sex, history of colectomy and colorectal diverticular bleeding, and comorbidities, including Charlson Comorbidity Index, vital signs at admission, laboratory data, and use of antithrombotic agents were used to calculate propensity scores that were matched one-to-one using the nearest neighbor method and applied to the high- and low-volume centers.

RESULTS: In the end points of the study were the development of either a GI rebleeding, ischemic event and death rates during the follow-up period were 270.6, 188.2 and 70.6 per 1000 patients-year respectively.

CONCLUSION: Resuming DAPT after gastrointestinal bleeding was associated with a lower rate of ischemic event.