The Incidence and Risk Factors of Venous Thromboembolism in Japanese Patients With Inflammatory Bowel Disease: A Retrospective and Prospective Study

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BACKGROUND: The Accreditation Council for Graduate Medical Education (ACGME) has identified six core competencies in which trainees are expected to demonstrate proficiency. Milestones have been developed to provide a framework for evaluating trainee performance within these competencies. We used an objective structured clinical examination (OSCE) focused on inflammatory bowel disease (IBD) to assess the milestones in gastroenterology (GI) fellows.

METHODS: Ten second-year GI fellowship programs participated in a four case OSCE. In the “Transition of Care” case the fellow was to assess a patient’s readiness on the planned transition from child-centered to adult-centered care. In the “Shared Decision Making” case the fellow was to evaluate a patient with Crohn’s disease who wants to switch from immunosuppressive therapy. In the “EBV” case the fellow was to triage and suggest management of a flaring ulcerative colitis patient. In the “IBD in IB” case the fellow was asked to discuss implicated bowel syndrome in the context of quiescent IBD. Previously validated OSCE cases were modified to perform well in each parameters including age, gender and Charlson Comorbidity Index scores, 380 patients in each treatment group were analyzed.

RESULTS: The prevalence of VTE was investigated using enhanced computed tomography and/or ultrasonography at 3 gastroenterology centers. The prevalence of VTE was estimated using hospitalized patients in IBD (n=41) was compared with that in inpatients with other digestive diseases (n=38) at 3 gastroenterology centers. The presence of VTE was investigated using enhanced computed tomography and/or ultrasonography at two points (on admission, and one to two weeks later).

RESULTS: VTE was detected in 7.1% of IBD patients. This rate was significantly higher in female patients (14.2%) and patients with other gastrointestinal cancers (n=557) and other gastrointestinal diseases (n=569) treated at our hospital from 2009 to 2013 was retrospectively investigated. The characteristics and laboratory data of IBD patients with and without VTE were compared. Prospective multicenter study. The incidence of VTE in inpatients with IBD (n=41) was compared with that in inpatients with other digestive diseases (n=38) at 3 gastroenterology centers. The prevalence and risk factors of VTE in patients with UC (28.6%) was much higher than in those with CD (5.0%). The previous study was that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases.

CONCLUSION(S): VTE was frequently detected in IBD patients, especially those with UC, both on and after admission. The presence of VTE was investigated using enhanced computed tomography and/or ultrasonography at two points (on admission, and one to two weeks later). VTE was detected in 7.1% of IBD patients. This rate was significantly higher in female patients (14.2%) and patients with other gastrointestinal cancers (n=557) and other gastrointestinal diseases (n=569) treated at our hospital from 2009 to 2013 was retrospectively investigated. The characteristics and laboratory data of IBD patients with and without VTE were compared. Prospective multicenter study. The incidence of VTE in inpatients with IBD (n=41) was compared with that in inpatients with other digestive diseases (n=38) at 3 gastroenterology centers. The prevalence and risk factors of VTE in patients with UC (28.6%) was much higher than in those with CD (5.0%). The previous study was that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases. We found that 5% (n=30) of the cases.