RESULTS: A total of 95 patients with acute cholangitis were included in the study (Tables 1 and 2). Of these patients, 35 patients (36.8%) underwent LC during admission. The 30-day readmission rate was significantly lower in the LC group compared to the ERCP alone group (2.8% vs. 26.4%, P<0.003). There were no reported deaths in the LC group within 30 and 90 days of discharge, however the mortality rates in the ERCP alone group were 3.0% and 6.6%, respectively. In a multivariate analysis, performing LC during admission was an independent factor for 30-day readmission after adjusting for all other factors, where patients who underwent LC during admission had 90% less chance of readmission within 30 days (OR 0.1, 95% CI (0.01-0.80), P<0.05) (Table 2).

CONCLUSION: Performing laparoscopic cholecystectomy during admission for acute cholangitis patients following endoscopic clearance of the bile duct was associated with a significant decrease (Absolute Reduction Rate 23.8%) in 30-day readmission rate. Several studies reported the safety of early LC in acute cholangitis patients as well as a decrease in the recurrence of biliary symptoms. Therefore, performing LC during admission should be recommended for acute cholangitis patients following endoscopic clearance of the bile duct.

Gender and Racial Disparities in the Annual Percent Change of Incidence and Mortality Rates of Pancreatic Cancer
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INTRODUCTION: In the United States, pancreatic cancer is the fourth leading cause of cancer death for both men and women. The purpose of this study is to investigate the impact of gender, and race/ethnicity on the annual percent change of incidence and mortality rates of pancreatic cancer from 2000–2016 using the Surveillance, Epidemiology, and End Results (SEER) database.

RESULTS: The annual percent change in mortality rates was increasing for both males and females during 2000–2016. Females had an annual percent change of incidence of 0.7% from 2000 to 2016. For males, the annual percent change was 1.2% from 2000–2009 but the annual percent change from 2009–2016 was 0.2. Females had an upward trend of annual percent change of incidence rates during this period. The annual percent change of incidence by race/ethnicity can be seen in Table 1. The annual percent change in mortality rates was analyzed during 2000–2016. Females had an annual percent change of 0.2 and males had an annual percent change of 0.3. The trend of mortality rates was upward for males and females. The annual percent change of mortality rate by race/ethnicity can be seen in Table 2.

CONCLUSION: The poor outcome and silent nature of pancreatic cancer necessitates the need to understand the trends associated with disease. Females had an upward trend in the annual percent change of incidence rates of pancreatic cancer from 2000–2016. There is also upward trend for annual percent change of incidence rates for Asian, Hispanics, and Non-Hispanic Whites. The trend of annual percent change of mortality rates was increasing for both males and females during 2000–2016. The trend was increasing for both Non-Hispanic White and White Americans. This may support interventions to inform certain race/ethnic populations about the importance of screening for pancreatic cancer in high-risk populations.
Microscopic Colitis and Risk of Colon Adenomas: A Multicenter Retrospective Cohort Study

INTRODUCTION: Graduated Medical Education, Rochester, MN.

We aimed to further explore the association between MC and colon adenomas. Cross-sectional studies have suggested that patients with MC have a lower incidence of colon polyps compared to those without MC. However, existing literature is limited by a lack of longitudinal follow-up and the use of average-risk patients, rather than those with chronic diarrhea as controls. We aimed to further explore the association between MC and colon adenomas.

METHODS: This retrospective cohort study included patients who underwent colonoscopy at Mayo Clinic, Rochester, MN; Columbia University Medical Center, New York, NY between 7/1/2006 and 12/31/2016. Consecutive cases with MC were identified using pathology databases at each center. Controls had chronic diarrhea, underwent colonoscopy, and did not have MC on biopsy. Cases and controls were matched 1:2 by age (±5 years), sex, and date of index colonoscopy (±6 months). Data was collected on demographics, tobacco and alcohol use, personal and family history of chronic diarrhea, inflammatory bowel disease between cases and controls. Patients with MC were more likely to be current tobacco users (10% vs. 6%, P = 0.02) and less likely to have a history of prior colon neoplasm (9% vs. 17%, P < 0.001). Patients with MC were significantly less likely to have colon adenomas at the time of their index colonoscopy (5% vs. 12%; odds ratio 0.36; 95% CI 0.21, 0.60; P < 0.001) after adjusting for tobacco use and history of prior lesions. However, when followed over time, there was no significant association between MC and risk of colon adenomas (Figure 1, P = 0.47) after adjusting for tobacco use, history of prior lesions, and presence of adenoma at index colonoscopy.

CONCLUSION: Patients with MC are less likely to have colon adenomas at their index colonoscopy compared to those with chronic diarrhea without MC. However, when followed longitudinally, there appears to be no significant association between MC and risk of colon adenomas.

Opioid Use Are Independently Associated With Rectal Hypersensitivity and Dyssynergic Defecation in Chronic Constipation

INTRODUCTION: The role of defecation dysfunction (DD) and rectal sensitivity in opioid related chronic constipation (CC) is unknown. The purpose of this study is to evaluate the relationship between opioid use and rectal sensation, defecatory function, and balloon expulsion on physiology testing.

METHODS: This was a retrospective cohort study of consecutive adult patients who underwent high-resolution anorectal manometry (HRAM) at a tertiary care center for CC. Baseline patient characteristics and HRAM findings were reviewed. Rectal hypersensitivity was defined by increased rectal sensation volume for first sensation, urge, and maximal tolerance. DD was defined by impaired anal sphincter relaxation (<20% decrease from resting pressure) during strain maneuver with or without weak push, defined as inadequate rectal contraction pressure (<40 mmHg increase from baseline). Successful balloon expulsion was defined by evacuation of 50 mL balloon within 2 minutes. Statistical analyses were performed using Fisher exact or student t-test for univariate analyses and logistical or general linear regression for multivariate analyses.

RESULTS: The study included 376 patients with MC and 752 non-MC patients with chronic diarrhea. The median (range) age of patients was 64 (21–88) years and 72% were female. Duration of follow-up was not significantly different between the 2 groups (total person years cases 577, controls 619). Positive sensitivity testing (1st sensation, urge, and maximal) was noted in 33% of patients with MC and 28% of controls (P = 0.02). The proportion of patients with MC with normal expulsion was 90% compared to 82% controls (P = 0.02). There was no significant difference in DD between groups (MC 12.2%, controls 13.8%, P = 0.41).

CONCLUSION: There were no significant differences in age, sex, alcohol use, family history of colon neoplasm, and personal history of inflammatory bowel disease between cases and controls. Patients with MC were more likely to be current tobacco users (10% vs. 6%, P = 0.02) and less likely to have a history of prior colon neoplasm (9% vs. 17%, P < 0.001). Patients with MC were significantly less likely to have colon adenomas at the time of their index colonoscopy (5% vs. 12%; odds ratio 0.36; 95% CI 0.21, 0.60; P < 0.001) after adjusting for tobacco use and history of prior lesions. However, when followed over time, there was no significant association between MC and risk of colon adenomas (Figure 1, P = 0.47) after adjusting for tobacco use, history of prior lesions, and presence of adenoma at index colonoscopy.

Opioid Use Are Independently Associated With Rectal Hypersensitivity and Dyssynergic Defecation in Chronic Constipation

Najma Lodhia, MD, Laura Horton, MD, Allissa Golden, MD, Walter W. Chan, MD, MPH.
Brigham and Women’s Hospital, Boston, MA.

INTRODUCTION: Opioid use is associated with increased rectal sensation and defecatory dysfunction. However, the relationship between opioid use and rectal sensitivity has not been well studied.

METHODS: This was a retrospective cohort study of consecutive adult patients who underwent HRAM at a tertiary care center for CC. Baseline patient characteristics and HRAM findings were reviewed. Rectal hypersensitivity was defined by increased rectal sensation volume for first sensation, urge, and maximal tolerance. DD was defined by impaired anal sphincter relaxation (<20% decrease from resting pressure) during strain maneuver with or without weak push, defined as inadequate rectal contraction pressure (<40 mmHg increase from baseline). Successful balloon expulsion was defined by evacuation of 50 mL balloon within 2 minutes. Statistical analyses were performed using Fisher exact or student t-test for univariate analyses and logistical or general linear regression for multivariate analyses.

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