Similar significant differences in PD severity between patients taking (or not taking) PPIs were found in the original unadjusted patient population without any medical exclusions, as well as upon consideration of any individual systemic condition. Finally, there were no significant differences in patient age or oral hygiene efficacy in any of the groups analyzed (P > 0.05).

CONCLUSIONS: In patients with chronic, generalized, moderate-to-severe periodontitis, our results suggest that use of PPI medications is associated with less severe PD. The presence of diabetes, smoking, autoimmune disease, or the use of steroids or HRT, did not affect that outcome. We propose that more conservative periodontal therapy might initially be considered for IBD patients with advanced periodontal disease for whom PPIs are prescribed as a component of their IBD treatment. This study was supported in part by the W.M. Feagans Endowed Chair Research Fund and the Department of Periodontics and Endodontics, University at Buffalo, SUNY.

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Using Wearable Devices to Predict Length of Stay For IBD Patients After Bowel Surgery

Yutaka Tani1, Philip Sossenheimer1, Victoria Rai1, Katia El Jurdi2, David Rubin1, Yutsudo2, Akihito Tanaka2, Yuga Komaki2, Hiromichi Iwaya1, Shiho Arima1, Zhou1.

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METHODS: We conducted a prospective study of IBD patients undergoing bowel surgery. Patients were provided a Fitbit (Charge or Alta HR, San Francisco, CA) and asked to download and install a proprietary smartphone application (Litmus Health, Austin, TX) for collection of step data and a portable sleep sensor (ResMed, San Francisco, CA) for collection of sleep data. Patients were monitored for 5 days postoperatively. The American College of Gastroenterology guidelines were used as step count data collection and 64.1% for sleep data collection. There was a significant increase in step count from postoperative day 1 (POD1) to POD5 (P = 0.33, P < 0.01). Between POD1 and POD5, an additional POD was associated with a 421-step increase in step count. However, Pearson’s correlation coefficient analysis failed to reveal significant associations of sleep duration and sleep efficiency with postoperative days (P > 0.05). Furthermore, mean daily steps, mean sleep duration, or mean sleep efficiency was not significantly associated with postoperative LOS (r = 0.14, P = 0.52, r = 0.22, P = 0.37, r = 0.12, P = 0.64 respectively). However, a longer sleep duration on POD5 was associated with a longer LOS (r = 0.87, P = 0.026), while a higher sleep efficiency on POD5 was associated with a shorter LOS (r = 0.88, P = 0.019). Moreover, a more positive change in sleep duration from POD4-5 was associated with a longer LOS (r = 0.95, P = 0.001), whereas a more positive change in sleep efficiency from POD4-5 was associated with a shorter LOS (r = -0.92, P = 0.011).

CONCLUSIONS: This is the first study to characterize associations of physical activity and sleep quality with LOS for IBD patients after bowel surgery. We found a significant increase in step count from POD1 to POD5. We also demonstrated that longer sleep duration or longer sleep efficiency on POD5 was associated with a longer LOS. More positive change in sleep duration or negative change in sleep efficiency from POD4-5 was associated with a longer LOS. We plan to conduct an interventional study to assess the effect of physical activity and sleep quality on LOS for IBD patients after bowel surgery.

REFERENCES

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The Efficacy of Early Treatment in Immune Checkpoint Inhibitor-Related Colitis: Clinical Outcomes in a Retrospective Case Series

Kazuyuki Taniyama1, Akito Tanaka2, Yuga Komaki3, Hiromichi Inoue4, Shiko Arima1, Fumisato Sato5, Shiro Tanoue6, Shinchi Hashimoto7, Shigeru Kammaru8, Akio Ido9.

1. Digestive and Lifestyle Diseases, Department of Human and Environmental Sciences, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan. 2. Digestive and Lifestyle Diseases, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan. 3. Digestive and Lifestyle Diseases, Department of Medical Sciences, Kagoshima University Graduate School of Medical and Dental Sciences, Kagoshima, Japan.

BACKGROUND: New immunotherapy using immune checkpoint inhibitors plays a critical role in cancer treatment. Immune checkpoint inhibitor-related colitis (irAE-colitis) occurs in approximately 1-2% of cancer patients treated with immune checkpoint inhibitors. There are limited data on the outcomes of optimal treatment in patients with irAE-colitis. The aim of this report was to clarify the treatment outcomes for patients with irAE-colitis in our facilities.

METHODS: The study is a retrospective study of adult IBD patients admitted to Santa Clara Valley Medical Center (SCVMC) for an IBD exacerbation in 2014–2018. Data collected include demographics: patient age, medical history, gender, IBD type, BMI, and duration of hospital stay. Lab results of CBC, ESR, CRP, and calprotectin were also collected. Medications given during hospital stay including steroids and biologic therapy were studied. Any colonscopy or surgery performed during hospital stay was documented. The study population included IBD patients with/without irAE-colitis during hospitalization. The data collected was analyzed to determine the rate of DVT prophylaxis and incidence of VTE events during hospitalization in both sets of populations. The data collected were also analyzed to determine if variables such as age, presence of leukocytosis, or

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Association of Cryptococcosis and Tuberculosis in a Patient With Crohn’s Disease - A Challenges Diagnosis

Paula Sántalo1, Carla Zúñiga2, Paula Santalo2, Fabricio Volante1, Marco Costa1, Monique Silveira1, Paulo Barroso2, 1Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil. 2Federal University of Rio de Janeiro, Rio de Janeiro, Brazil.

CASE: A 23-years-old man born in Rio de Janeiro with established ileocolonic Crohn’s disease (CD), eight years after the onset of symptoms. He started combination therapy (azathioprine and infliximab) after negative TB screening (negative PPD, normal chest x-ray). After six months, he was lost to clinic follow-up and presented later with fever and right upper quadrant pain. BMI was 16 kg/m². Laboratory findings showed an elevated ESR (90 mm/hr) and CRP level (23 mg/L), while white blood cells was normal. Both drugs were discontinued and the patient was admitted. Cranial computed tomography (CT) was unremarkable. CT of the chest showed pleural thickening, emphysema, pleural effusion and lymphadenopathies. Stool examination was negative. Sputum bacilloscopy and culture were negative. Bronchoscopy with bronchoalveolar lavage fluid (BALF) showed culture and direct microscopic examination positives for cryptococcal infection. Due to the findings of pleural lesions, there was strong evidence of cryptococcal dissemination, and a lumbar puncture was performed. CSF analysis was normal, latex-cryptococcus antigen test, microscopic examination and culture were negative, excluding CNS infection. He was discharged home with fluconazole 400 mg PO QD and his symptoms gradually subsided after 2 weeks. Three months after releasing azathioprine, it was necessary to be reintroduced due to a CD flare. One month, he presented cough and pleuritic chest pain. Chest CT showed ground-glass opacification, and his symptoms improved with antibiotic therapy. Abdominal CT demonstrated an increase in the number and size of the spleen abscesses. A diagnostic laparoscopy with peritoneal lavage and biopsy was scheduled to investigate the etiology of splenic abscesses. However, as pleuritic chest pain and cough returned before that, he went to the emergency room where a new chest CT showed typical signs of pulmonary TB. Sputum culture confirmed the diagnosis. Hence, the abdominal findings were attributed to disseminated TB. He was discharged home with rifampin, isoniazid, pyrazinamide, and ethambutol, and will be followed up until clinical and radiologic response. This case illustrates two concurrent opportunistic infections (TB and CD) that prevent the administration of DVT prophylaxis during hospitalization. This includes lack of awareness in guideline-recommended use of pharmacologic prophylaxis and concerns regarding the safety of anticoagulant drugs in patients with active IBD flares. This study aims to look at VTE pharmacologic prophylaxis rates in hospitalized IBD patients and assess for independent risk factors that may prevent administration of VTE pharmacologic prophylaxis.

METHODS: The study is a retrospective cohort study of adult IBD patients aged 18 years or older admitted to Santa Clara Valley Medical Center (SCVMC) for an IBD flare from 2014 – 2018. Data collected include demographics: patient age, medical history, gender, IBD type, BMI, and duration of hospital stay. Lab results of CBC, ESR, CRP, and calprotectin were also collected. Medications given during hospital stay including steroids and biologic therapy were studied. Any colonscopy or surgery performed during hospital stay was documented. The study population included IBD patients with/without DVT prophylaxis during hospitalization. The data collected was analyzed to determine the rate of VTE prophylaxis and incidence of VTE events during hospitalization in both sets of populations. The data collected were also analyzed to determine if variables such as age, presence of leukocytosis, or

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