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IMPACT OF SARCOPENIA ON PERIOPERATIVE OUTCOMES IN PATIENTS UNDERGOING ENDOSCOPIC PROCEDURES FOR GI BLEEDING: INSIGHTS FROM NATIONAL INPATIENT SAMPLE

Society: ASGE**Track:** Clinical Practice**Author(s) and Affiliation(s):**

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Introduction:

Gastrointestinal Bleeding (GIB) requiring hospitalization is associated with significant morbidity and mortality. The upper GI bleed is associated with in-hospital mortality rates of 10%, while lower GI bleed associated mortality was found to be 4%. Sarcopenia is a syndrome characterized by age-related progressive loss of skeletal muscle mass and function. Due to poor physical reserves this condition is associated with higher rates of recurrent GI bleeds. In this study, we aim to evaluate the impact of sarcopenia on perioperative outcomes in patients undergoing endoscopic procedures for GI bleeding.

Methods:

We analyzed data from the 2016-2020 National Inpatient Sample database, using ICD-10 codes to identify adult patients who experienced GI bleeding. Patients were classified into two groups—those with and without sarcopenia—based on ICD-10 sarcopenia codes. We compared the prevalence of adverse outcomes between the groups and used multivariate logistic and linear regression to assess the impact of sarcopenia on these outcomes. Outcomes were adjusted for Confounders which included patient demographics, hospital characteristics, smoking, hypertension, diabetes, OSA, coronary artery disease and Elixhauser Comorbidity Index.

Results

A total of 2,918,219 patients who experienced upper or lower GI bleeding were included in the study, and 346,325 (11.9%) were diagnosed with sarcopenia. The majority of sarcopenic patients were aged >65 years (56.8%), male (52.7%), White (68%), and had Medicare insurance (60.1%). Patients with sarcopenia had a higher in-hospital mortality (4.7% vs. 1.4%, $p < 0.001$) and a higher rate of complications (43.5% vs. 32.8%, $p < 0.001$). Among specific complications, the sarcopenia group experienced more gastrointestinal (16.6% vs. 8.6%, $p < 0.001$), pulmonary (10.1% vs. 4.6%, $p < 0.001$), infectious (6.9% vs. 2.1%, $p < 0.001$), neurological (1.3% vs 0.7%, $p < 0.001$) and cardiovascular (23.3% vs. 21.8%, $p < 0.001$) complications. Sarcopenic patients also had a significantly longer mean length of stay (7.6 days vs. 4.1 days, $p < 0.001$) and higher mean total charges (\$94,048 vs. \$54,346, $p < 0.001$). On multivariate analysis, after adjusting for confounding factors, sarcopenia was associated with increased odds of in-hospital mortality (adjusted odds ratio [aOR] 2.4, 95% CI 2.29–2.51, $p < 0.001$) as well as an overall composite of outcomes (adjusted odds ratio [aOR] 1.41, 95% CI 1.39–1.44, $p < 0.001$).

Discussion

This study highlighted that presence of sarcopenia was associated with worse in-patient outcomes and increased resource utilization in patients presenting with GI bleeding. This is particularly important given that these vulnerable patients undergoing evaluation for GIB are placed on nothing per os pending intervention. More focus needs to be placed on improving the nutritional status of this high-risk population before and after the endoscopic procedure.

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