

P592

CATHETER RELATED VENOUS THROMBOSIS IN INTESTINAL FAILURE. A 5 YEAR RETROSPECTIVE COHORT STUDY

C. V. Andersen^{1,*}, C. E. S. Oestergaard¹, D. G. Kahlke¹, N. M. J. Kristensen¹, J. L. Poulsen¹, H. H. Rasmussen¹, L. Vinter-Jensen¹

¹Centre of Nutrition and Bowel Diseases, Department of Gastroenterology, AALBORG UNIVERSITY HOSPITAL, Aalborg, Denmark

Rationale: The aim of this study was to investigate the occurrence of venous thrombosis, to compare the incidences between different catheter types, and to identify potential risk factors in parenteral nutrition dependent patients over the last five years in the North and Central Denmark Region

Methods: A retrospective observational cohort study was performed at our tertiary center for intestinal failure for The Northern and Central Danish Regions. The study population was extracted from the Patient Registration System and relevant data from the electronic health record system. Patients with catheters and events, causes of intestinal failure, co-morbidities and whether they before the event of thrombosis were treated with anticoagulation were recorded. Non-parametric analysis, chi-square test, univariate logistic regression, and COX regression were performed as appropriate considering a confidence level of $p < 0,05$ as significant

Results: This study included 189 patients with a total of 682 central venous catheters, 55 % being peripherally inserted central catheters. Fifty patients had catheter related venous thrombosis, and in total 61 venous thrombosis were recorded. One patient had thrombosis three times. Peripherally inserted central catheters were associated with higher incidence of thrombosis than centrally inserted central catheter (0.67 per 1000 and 0,35 per 1000 catheter days, respectively $p = 0,025$.) Patients with ileus ($p = 0.025$), Crohn's disease ($p = 0.036$) an anticoagulant treatment at first event ($p < 0,001$) had a significantly increased risk of developing catheter related thrombosis.

Conclusion: This study found that peripherally inserted central catheters increased the incidence of catheter related thrombosis compared to centrally inserted central catheters. Furthermore, ileus and Crohn's disease as causes of intestinal failure and concomitant treatment with anticoagulants before first thrombosis were associated with increased risk of catheter related thrombosis. The study suggests that a major study with prophylactic treatment with anticoagulant in patients with intestinal failure is relevant.

Disclosure of Interest: None declared