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The in-hospital financial burden of hidradenitis suppurativa in patients with inflammatory bowel disease

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Background: Hidradenitis suppurativa (HS), formerly known as acne in versa, is a chronic inflammatory and debilitating disease that significantly affects the patient's quality of life. There is a high prevalence of HS in patients with inflammatory bowel disease (IBD), which further compromises quality of life in this patient population. In this study, we sought to explore the in-hospital financial burden of HS in patients with IBD given the lack of published literature on this topic.

Methods: This was a retrospective cohort study using the National Inpatient Sample (NIS) for the years 2008 through 2014. All patients with ICD-9 CM codes for any diagnosis of Inflammatory Bowel Disease (IBD) from 2008 to 2014 across the US were included. There were no exclusion criteria. Patients with IBD were classified as having hidradenitis suppurativa (HS) and not having HS using ICD-9 CM code 705.83. The primary outcome was the financial burden of HS on patients with IBD. The financial burden was measured by resource utilization which included median hospital length of stay (LOS), imaging and bedside procedures (i.e., abdominal CT-scan, incision and drainage) and mean hospitalization costs. Data of patient's insurance and disposition was also collected.

Results: A total of 3,079,332 admissions with inflammatory bowel disease (IBD) were included in the study, of which 4,369 had a diagnosis of hidradenitis suppurativa (HS). Patients with HS-IBD displayed increased additional hospital length of stay when compared to IBD patients without HS (4 days vs 5 days, $p < 0.001$). Patients with IBD-HS incurred significantly higher additional total hospital costs when compared to IBD patients without HS (Mean additional costs: \$ 1,035, $p = 0.013$). There was no difference in additional imaging (i.e. abdominal CT-scan) between the two groups. Patients with IBD-HS had significantly more incision and drainage procedures than those without HS (0.7% vs 10.8%, $p < 0.001$). Additionally, more patients with IBD-HS had Medicare and Medicaid insurance compared to those without HS (61% vs 47.7%, $p < 0.001$).

Conclusion: We conclude that there is a significant increase in-hospital financial burden in IBD patients with hidradenitis suppurativa compared to those with IBD only. Patients with IBD-HS had increased resource utilization including hospital length of stay, mean total hospitalization costs and bedside procedures. more patients with IBD-HS had lower household income and were insured by Medicare and Medicaid.

Biography

Alvaro J Ramos-Rodriguez is currently a Medical Resident Physician at the Icahn School of Medicine at Mount Sinai West. He is the Author of the recently published textbook *Dermatology for the USMLE*. He has dedicated a major part of his medical career to teaching and helping students prepare for the USMLE, including teaching review courses. His interest is in dermatology including DRESS syndrome, toxic erythema of chemotherapy, atopic dermatitis, hidradenitis suppurativa, psoriasis and infectious skin disorders.

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