P50.

OUTCOMES OF PATIENTS ON SYSTEMIC CHEMOTHERAPY HOSPITALIZED FOR ACUTE DIVERTICULITIS

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Background: The indications for both emergent and elective intervention following an episode of acute diverticulitis among patients receiving systemic chemotherapy are unknown. We hypothesized that systemic chemotherapy would be associated with an increased severity of presentation, morbidity, and mortality during hospitalization for acute diverticulitis, as well as a greater likelihood of subsequent recurrence.

Methods: Chart review of patients hospitalized for acute diverticulitis at a tertiary care cancer center from Jan 1, 1988 through Dec 31, 2000. Patients who had received systemic chemotherapy within three months of admission (chemo) were compared to patients who had not (non-chemo). Complicated diverticulitis was defined as an associated abscess, phlegmon, perforation or acute obstruction. Analysis by t-test, Chi-square, and Fisher's exact. ▪ ▪ 0.05.

Results: 87 patients met inclusion criteria, 23 (26.4%) had received chemotherapy a median of 8 days prior to admission (range 1-78). Median follow up was 57 months (range 4-157). Age (p▪ 0.86), gender (p▪ 0.54), and admission albumin concentration (p▪ 0.92) were similar between groups. Chemo, as compared to non-chemo patients, were significantly more likely to present with complicated diverticulitis (73.9% vs. 50.0%, p▪ 0.05). Non-operative management was attempted in 63 patients (72.4%); failure was uncommon (9% chemo vs. 6% non-chemo groups, p▪ 0.54). the chemo and non-chemo groups did not differ with respect to likelihood of surgery during admission (p▪ 0.22), hospital length of stay (p▪ 0.73), or mortality (p▪ 0.43). Hospitalization for diverticulitis resulted in interruption of chemotherapy in 20 / 23 patients (90.9%); 81.0% eventually resumed chemotherapy a median of 58 days later. Among patients who interrupted chemotherapy, surgery during first admission was associated with a significantly longer interval to resumption of chemotherapy as compared to non-operative management (median 88 vs. 33 days, p▪ 0.05). There was no difference in the likelihood of interval resection (23.1% vs. 13.3%, p▪ 0.39), recurrence (30.8% vs. 28.9%, p▪ 0.74) or stoma at last follow up (39.1% vs. 26.7%, p▪ 0.39) between the chemo and non-chemo groups.

Conclusion: Hospitalization for acute diverticulitis was associated with substantial delay in the resumption of systemic chemotherapy, especially if surgery was required. Although chemo patients presented with more severe disease, acute and long-term outcomes were similar to non-chemo patients, suggesting that systemic chemotherapy should not influence the decision to perform interval resection.