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THE IMPACT OF BOTOX FOR HOSPITALIZED PATIENTS WITH HIRSCHSPRUNG ASSOCIATED ENTEROCOLITIS

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THE IMPACT OF BOTOX FOR HOSPITALIZED PATIENTS WITH HIRSCHSPRUNG ASSOCIATED ENTEROCOLITIS

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IRB Number: 16070512

Describe role of Submitting/Presenting Trainee in this project (limit 150 words): Co-author, assisted in drafting and critical revision of the abstract.

Background: Hirschsprung associated enterocolitis (HAEC) is a potentially life-threatening complication. Stasis may play a role, which may be ameliorated by injection of anal inter-sphincteric botulinum toxin (Botox). Our aim was to determine if the use of Botox decreased the number of recurrent enterocolitis episodes or increased the time between episodes in patients admitted for HAEC.

Objectives/Goal: To determine if the use of Botox injection decreased the number of recurrent enterocolitis episodes or increased the time between episodes in patients admitted for HAEC.

Methods/Design: A retrospective institutional review of patients admitted for HAEC from January 2010 – December 2019 was performed. Demographics and outcomes of patients who received Botox were compared to patients who did not receive Botox during their hospital stay. Outcomes were analysed using STATA® (StataCorp, College Station, TX); $p < 0.05$ was significant.

Results: A total of 129 episodes of HAEC occurred in 40 patients. 30 patients (75%) were male, 29 (73%) were Caucasian, 7 (18%) had Trisomy 21 and 7 (18%) had long-segment disease (transition zone greater than rectosigmoid, 2 (5%) total colonic). 25 patients had multiple admissions (range 2-12). Patients who received Botox during their HAEC episode had fewer readmissions prior to a follow-up clinic visit (7% versus 30%, $p=0.01$) and had a longer median time between readmissions [146 days (IQR 103, 332) versus 74 days (IQR 16, 181), $p=0.03$] compared to those who did not receive Botox during their HAEC episode.

Conclusions: The use of Botox in patients hospitalised for HAEC is associated with decreased readmission rates. This treatment should be added to the management protocols for those admitted with HAEC.