



TE Events and Risk Factors in IBD

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Editorial

Inflammatory Bowel Diseases (IBD), both Crohn's Disease (CD) and Ulcerative Colitis (UC), are chronic gastrointestinal disorders with an unknown etiology, but in which an uncontrolled inflammatory immune response in genetically predisposed individuals plays an important role in their pathogeny and complications [1].

Apart from the digestive tube affection, IBD also presents with Extra-Intestinal Manifestations (EIMs) in up to 50% of patients [2] and which can adversely impact upon patients' outcomes. Venous (VTE) and arterial (ATE) Thromboembolic Events are two of the most life-threatening EIMs in IBD. However, despite several population-based studies [3], the magnitude of thromboembolic events risk still remains unclear, as a result of methodological differences and heterogeneity across studies and their etiology is not completely understood.

Our study published in this volume (S. Campos and F. Portela) aimed to deepen this subject and determine TE events in IBD patients and related recurrence and mortality. Estimating the extent of TE risk is imperative to better address IBD patients, namely regarding thromboembolic prophylaxis in patients who are already naturally predisposed to bleeding events. According to this paper, both VTE and ATE are not uncommon in IBD, with a rate of 3.6%, and several factors appear to be relevant in their physiopathology. IBD activity seems to have a close relationship with VTE, in contrast to ATE/CVE, and other IBD characteristics, as type, location, extension, behavior and medication, as well as genetic abnormalities, may also influence this risk. It was also demonstrated that, despite the international guidelines [2], more than 50% IBD inpatients aren't under thromboembolic prophylaxis during TE events. Tinsley et al have previously also reported an elevated percentage of physicians not aware of any recommendations regarding this subject [4]. In contrast to previous literature, showing a high recurrence rate [5] and morbimortality [6] associated to TE events, we only reported 1 recurrence and no deaths.

The increasing evidence regarding TE events and risk factors in IBD patients demands a better disease control in order to reduce these feared vascular complications. Additionally, a higher effort should be evoked to increase the rate of venous TE prophylaxis in IBD inpatients. Regarding this subject of TE prophylaxis, there is still controversy in

how to manage ambulatory outpatients with active IBD: are we tailoring prophylaxis to those most at risk? [7] A substantial portion of VTE events in IBD patients seem to occur in clinical scenarios not routinely recommended for thromboprophylaxis, as two thirds of the VTE events occur in outpatients [8]. Nonetheless, the benefits of VTE prophylaxis are not totally confirmed [9]. Further investigation in this area is warranted.

References

1. Podolsky DK (2002) Inflammatory bowel disease. *N Engl J Med* 347: 417-429.
2. Harbord M, Annese V, Vavricka SR, Allez M, Barreiro-de Acosta M, et al. (2016) The First European Evidence-based Consensus on Extra-intestinal Manifestations in Inflammatory Bowel Disease. *J Crohns Colitis* 10: 239-254.
3. Peyrin-Biroulet L, Loftus EV, Colombel JF, Sandborn WJ (2011) Long-term complications, extraintestinal manifestations, and mortality in adult Crohn's disease in population-based cohorts. *Inflamm Bowel Dis* 17: 471-478.
4. Tinsley A, Naymagon S, Trindade AJ, Sachar DB, Sands BE, et al. (2013) A survey of current practice of venous thromboembolism prophylaxis in hospitalized inflammatory bowel disease patients in the United States. *J Clin Gastroenterol* 47: e1-6.
5. Novacek G, Weltermann A, Sobala A, Tilg H, Petritsch W, et al. (2010) Inflammatory Bowel Disease Is a Risk Factor for Recurrent Venous Thromboembolism. *Gastroenterology* 139: 779-787.
6. Bewtra M, Kaiser LM, TenHave T, Lewis JD (2013) Crohn's Disease and Ulcerative Colitis Are Associated With Elevated Standardized Mortality Ratios: A Meta-Analysis. *Inflamm Bowel Dis* 19: 599-613.
7. Bryant RV, Jairath V, Curry N, Travis SP (2014) Thrombosis in inflammatory bowel disease: are we tailoring prophylaxis to those most at risk? *J Crohns Colitis* 8: 166-171.
8. Scoville EA, Konijeti GG, Nguyen DD, Sauk J, Yajnik V, et al. (2014) Venous Thromboembolism in Patients with Inflammatory Bowel Diseases: A case-control study of risk factors. *Inflamm Bowel Dis* 20: 631-636.
9. Nguyen GC, Sharma S (2013) Feasibility of venous thromboembolism prophylaxis during inflammatory bowel disease flares in the outpatient setting: a decision analysis. *Inflamm Bowel Dis* 19: 2182-2189.