

Letter: paying attention to the comorbidities or extraintestinal complications in patients with inflammatory bowel disease during the COVID-19 pandemic—authors' reply

We thank the authors for their interest in our study.^{1,2}

The authors noted that recent data by Ricciuto et al. have found acute severe IBD to be associated with severe COVID-19 disease outcomes.³ ICU/ventilation/death in IBD sub-cohorts with remission, moderate disease and severe IBD was 3.6%, 4.9% and 8.8%, respectively. We beg to differ with the authors that these rates are different to those observed in our cohort. Critical care need in patients with IBD was 3.36% in our cohort and in IBD patients with recent steroid use was 7.97%. These patients likely represent those with uncontrolled IBD. Thus, these rates are very close to those reported by Ricciuto et al. and reaffirm that uncontrolled/severe IBD may be associated with worse COVID-19 disease outcomes.

The authors also commented on the association of extraintestinal manifestations of IBD as well as other comorbidities, and any possible association with COVID-19 outcomes. As shown in our study, in the crude/unmatched analysis, higher risk for hospitalisation and need for critical care was observed in the IBD cohort (and both UC and CD cohorts) compared with patients without IBD. However, after controlling for comorbidities in the matched analysis, similar rates for the composite endpoint, mortality, need for critical care and acute renal failure were observed in the matched IBD and non-IBD cohorts; these data show that the higher need for critical care may be secondary to the confounders including the comorbidities mentioned by Yuan et al. We did not, however, study the impact of some IBD manifestations like thrombosis on COVID-19 disease course, as Yuan et al have pointed out. However, we believe that this represents a very minor limitation of our analysis, as we did not aim to study the impact of individual extra-intestinal manifestations of IBD on the COVID-19 disease course, which would be a question that will be better answered by prospective registries.

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LINKED CONTENT

This article is linked to Yuan et al papers. To view these articles, visit <https://doi.org/10.1111/apt.16915>

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