

Assessment of Severity of Acute Pancreatitis Using Ranson's Scoring System and Modified CT Severity Index.

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ABSTRACT

Background: Acute pancreatitis is an acute abdominal emergency that need protracted hospital stay and intensive care. In 80% of cases it runs a mild course and rest of the patients have severe pancreatitis. It's severity is assessed by using Ranson's scoring system and Modified CT severity index. Aim:- 1. To evaluate role of Ranson's scoring system and modified CT severity index in assessing severity of acute pancreatitis. 2. To correlate above scoring systems with outcome. Design and Place:- This is a prospective observational study which is conducted on patients with acute pancreatitis admitted in PG Department of Surgery, GMC, Jammu w.e.f. 1st November 2016 to 30th April 2017. **Methods:** 50 patients of acute pancreatitis enrolled. Ranson's criteria and modified CT severity index apply to all of them. Ranson's and modified CT severity index calculated and complications and outcome related to both scoring systems noted. **Results:** Out of 50 patients, 34(68%) patients have mild pancreatitis. 6(12%) patients have moderate pancreatitis. 10(20%) patients have severe pancreatitis. **Conclusion:** We conclude that Ranson's criteria and modified CT severity index have significant role in predicting the severity of acute pancreatitis and the chances of developing complications as regards morbidity and mortality.

Keywords: Ranson's scoring system, Modified CT severity index

INTRODUCTION

Acute pancreatitis is a common abdominal catastrophe. It is a disease with morphological and clinical manifestations of varying severity ranging from mild interstitial pancreatitis to potentially fatal necrotizing pancreatitis. In nearly 80% of the patients it runs a mild course with minimum morbidity and mortality less than 2%. These patients can be sent home after 7 to 10 days of conservative management. In rest of the patients disease runs a severe course and mortality is directly proportional to development of complications either local or systemic.

Conservative treatment does result in recovery but certain patients develop devastating illness leading to multiorgan failure. These patients need protracted hospital stay and intensive care and few patients require surgery to deal with consequences of pancreatic necrosis.

Assessment of severity is a key determinant in management of patients. Ranson's criteria and modified CT severity index specifically designed for

acute pancreatitis. Both used for predicting the prognosis and to identify severely ill patients.

MATERIALS AND METHODS

This study is a prospective observational study and conducted in PG Department of Surgery GMC, Jammu.

All patients admitted in surgical department with history of pain upper abdomen and suspected to have acute pancreatitis due to surgical cause. Clinically will be further evaluated to confirm or rule out acute pancreatitis.

The diagnosis of acute pancreatitis will be based on following criteria:

Inclusion Criteria

All patients suspected to be having acute pancreatitis on the basis of:

1. Clinical grounds.
2. Biochemical parameters.
3. Ultrasonographic imaging.

Exclusion Criteria

1. Patients with chronic pancreatitis suggested by intraductal calculi, ductal stricture and parenchymal calcification.
2. Other causes of increased amylase level.

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3. Patients in whom CT scan is contraindicated.

Following scoring systems are taken into consideration for assessing severity of acute pancreatitis:

1. Ranson's scoring system.
2. modified CT severity index.

Ranson's criteria for acute gallstone pancreatitis

At Admission	At 48 hours
Age>70 yr	Hematocrit fall>10%
WBC>18,000/cumm	BUN elevation>2 mg/dl
Blood sugar>220 mg/dl	Serum calcium<8 mg/dl
Serum LDH>400 IU/L	Arterial PO2<60 mmhg
Serum AST>250 IU/L	Base deficit>5 meq/l
	Estimated fluid sequestration > 4L

Patients with Ranson's score of 3 or more on admission or at 48 hours are considered to be having severe pancreatitis.

Contrast CT scan:-

Contrast CT scan abdomen is done within 48 hours and modified CT severity index is calculated. Modified Ct severity index differs from CT severity index by including presence of extra pancreatic complications and grading the peripancreatic fluid collection in terms of present or absent, instead of number of peripancreatic fluid collection as done in CT severity index. The grading of necrosis is also different.

Modified computed tomography

Criteria	Points
Pancreatic inflammation	
Normal Pancreas	0
Inflammation of pancreas & or peripancreatic fat	2
Pancreatic or peripancreatic fluid collection or peripancreatic fat necrosis	4
Percentage necrosis	
0%	0
<-30%	2
>30%	4
Extra pancreatic complication (EPC)	
Pleural effusion, ascites vascular complication	
Extrapancreatic parenchymal abnormalities GI Tract involment	2
Modified CT severity index = CT grade + % nec + EPC	
Mild	0 to 2
Mod	4 to 6
Severe	8 to 10

The patients will be considered as having acute severe pancreatitis if they develop local complications, organ failure or they die because of acute pancreatitis.

The features suggesting organ failure include

1. Renal failure: Urine output of <20 ml/h x 24 hrs despite adequate volume replacement
2. Respiratory failure: PO2 < 60mmHg.

3. Cardiogenic shock, systolic B.P < 100mmHg refractory to fluid therapy and requiring inotropic agents for > 12 hours.
4. Coagulopathy: PT or a PTT two times that of control.
5. Gastrointestinal bleed > 500ml/24 hr.

Hospital mortality will be defined as death within the same hospital admission in a patient with an attack of acute pancreatitis.

RESULTS

Out of 50 patients, 32 females and 18 males. 40 patients less than 70yrs of age and 10 patients more than 70yrs of age. Out of 32 females 26 were less than 70yrs and 3 more than 70yrs of age. Out of 18 males, 16 males less than 70yrs of age and 2 more than 70yrs of age.

34(68%) patients have mild pancreatitis. 6(12%) patients have moderate pancreatitis. 10(20%) patients have severe pancreatitis. 16 patients developed pleural effusion, 12 patients developed hypocalcaemia, 8 patients developed ascites. 4 patients died and 2 patient underwent surgical intervention (open necrosectomy) and survived.

Ranson's criteria applied to all patients

In 5 variables studied at admission age less than 70yrs was found to be most frequent. Variable studied at 48 hours showed Base deficit to be most frequent.

Ranson's score of 0-2 present in 34 patients. All patients discharged. No death and no complication occurred.

Ranson's score of 3-4 present in 6 patient. All 6 developed pleural effusion and 2 developed hypocalcaemia. All patients discharged. No death occurred.

Ranson's score of 5-6 present in 8 patients. All patients developed pleural effusion and hypocalcaemia and 6 patients developed ascites. 2 patient died and 2 patient underwent open necrosectomy and survived.

Ranson's score of 7-8 present in 2 patient who died. Pleural effusion, Hypocalcaemia and ascites were present.

Ranson's score of more than 8 not assessed in any case.

Modified CT severity index calculated in all patients:-

Score of 0-2 present in 34 patients. Pancreatic inflammation present in all of them.

Score of 4-6 present in 6 patients. 2 patient developed pancreatic necrosis more than 30% and 4 developed necrosis less than 30%. All developed pleural effusion and 4 patients developed pancreatic inflammation.

Score of 8-10 present in 10 patients. All developed pleural effusion, 8 patients developed ascites. 8

patients developed peripancreatic fat necrosis and pancreatic necrosis more than 30%. 2 patient developed peripancreatic fat necrosis, pancreatic necrosis less than 30% and pleural effusion.

Ranson's score and outcome.

Score	No. of Patients	Death	Discharge	Complications
0-2	34	Nil	34	Nil
3-4	06	Nil	06	Pleural effusion in 6 patients, hypocalcaemia in 2 patient
5-6	08	02	06	Pleural effusion, hypocalcaemia in 8 patients, ascites in 6 patients
7-8	02	02	00	Pleural effusion, hypocalcaemia, ascites

Table 2: Modified CT severity index and outcome.

Score	No. of patients	Pancreatic inflammation	Peripancreatic fat necrosis and peripancreatic fluid collection	Pancreatic necrosis	Ascites	Pleural effusion
0-2	34	34	Nil	Nil	Nil	Nil
4-6	06	04	00	06	Nil	06
8-10	10	00	10	10	08	10

Table 3:

Pleural effusion	16 patients
Ascites	08 patients
Hypocalcaemia	12 patients
Death	04 patients

DISCUSSION

Acute pancreatitis is an inflammatory process with highly variable course that warrants urgent and intensive care to prevent the complications or to deal with them and thus reducing the morbidity and mortality. Assessment of severity and prognosis is important to decide about the management and spare those with mild disease from costly and invasive protocol. Ranson's criteria is easy as all biochemical and haematological parameters can be easily done and are economical.

Toth has mentioned that presence of 3-4 signs at admission is associated with mortality of 15-20%. If score is 7 or more, mortality approaches 100%. In our study survival was 100% at lower score though death occurred at higher score.

Horzic et al reported a study of 43 patients. Those with less than 3 signs were classified as mild. Those having 3 or more signs were considered as having severe disease. 60% of the patients in latter group survived. Those who died have more than 6 signs. 8 Patients Developed multiorgan failure. It was concluded that Ranson's criteria was more certain in

predicting the outcome when more factors were present. In our study complication rate was found to increase with increase in number of scores.

The introduction of modified CT severity index was a significant advance in the assessment of patients with acute pancreatitis.

Bollen et al worked on modified CT severity index for the assessment of severity of acute pancreatitis. The study showed modified CT severity index was 71% sensitive and 93% specific.

Irshad Ahmed Banday et al have studied 50 patients. 33 were male and 17 were female. Cholelithiasis was most common etiological factor in 40% cases. Alcoholic pancreatitis in 36% cases. Pleural effusion was most common complication present in 28 patients followed by ascites. 18% patients having mild pancreatitis, 38% having moderate pancreatitis and 44% having severe pancreatitis. In our study, 16 patients having pleural effusion and 8 patients having ascites. Complication rate increases with higher score.

CONCLUSION

We conclude that Ranson's criteria and modified CT severity index play important role in assessing the severity of acute pancreatitis and helpful in early prediction of complications associated with acute pancreatitis. Thus making the timely treatment possible, help to reduce the morbidity and mortality.

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