

# Ranson and BISAP criteria as predictors of complications in acute pancreatitis

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Dear Editor,

We have read with great interest the article published in your journal in volume 36, number 3, entitled “*Clinical characteristics of patients with acute pancreatitis treated in a high-complexity hospital in Cali*,” by Arturo Rojas *et al.*, in which the purpose of the research was to know the clinical behavior of acute pancreatitis taking into account the demographic factor, as well as to highlight the biliary cause in this disease in order to make the differential diagnosis. This study concluded that acute pancreatitis affects adults of all ages and is considered an emergency.

In the study, there are 2 crucial points that need to be clarified: One of them is the title of the article, in which only the clinical characteristics are mentioned. It is observed that in the variables they have mentioned laboratory data such as amylase, lipase, and imaging data such as computerized axial tomography (CAT), which also took into account the Balthazar classification. For this reason, it is considered that the Ranson criteria should be included, which measure the severity of acute pancreatitis based on time, furthermore, because there are older adult patients in the study population who can be evaluated with this criterion since age and laboratory index are taken into account<sup>(1)</sup>. When complications are mentioned, ideally exocrine pancreatic insufficiency should also be included since this complication manifests itself in 4 out of 5 patients after the onset of acute pancreatitis. So, it is essential to measure pancreatic functions with the secretin-cholecystokinin (CCK) test, which detects a slight secretion of pancreatic enzymes. The secretin-CCK test, also known as *cerulein*, should be considered, supporting the diagnosis due to its high sensitivity<sup>(2)</sup>.

The second point to clarify is that this article needs to assess mortality using the APACHE II and Atlanta criteria. It would also be essential to include the BISAP criterion (clinical severity index in acute pancreatitis) since it includes mental status and this research consists of a larger adult population. It is, therefore, necessary to take into account the Glasgow scale as part of the assessment of mental health in the patient<sup>(3)</sup>.

In conclusion, the Apache II and Atlanta criteria assess more specifically patient severity, as it is a good prognosis for mortality. We hope that these observations can

be considered for a better outlook in future similar investigations that cover the clinical aspects, classifications, or scoring of pancreatitis.

### Authors' contribution

All authors conceived the letter to the Editor. They contributed to the elaboration of the letter and approved the final version.

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### Conflicts of interest

The authors declare that they have no conflict of interest.

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