

# With regard to the diagnosis of chronic pancreatitis

Gilber Jesús Quispe-Cobián,<sup>1</sup> Diana Karen Quispe-Larrosa.<sup>1\*</sup>

## OPEN ACCESS

### Citation:

Quispe-Cobián GJ, Quispe-Larrosa DK. With regard to the diagnosis of chronic pancreatitis. *Rev Colomb Gastroenterol*. 2021;36(4):548-549. <https://doi.org/10.22516/25007440.839>

<sup>1</sup> Escuela Profesional de Medicina Humana, Universidad Privada San Juan Bautista. Lima, Peru.

\*Correspondence: Diana Karen Quispe-Larrosa. [diana.karen98set@gmail.com](mailto:diana.karen98set@gmail.com)

Received: 20/10/21  
Accepted: 22/11/21



Dear Editor:

We have carefully read the article entitled “*Clinical and epidemiological description of patients with chronic pancreatitis in a high-complexity hospital in Cali*” that describes the clinical criteria for diagnosing chronic pancreatitis.

The objective of this letter is to support the following points because we consider the said article has not had the most appropriate approach.

In the first place, we consider that it is necessary to describe more specific criteria, which represent a significant value for the diagnosis of chronic pancreatitis according to the Japanese classification, as clearly described in the article by Sheel *et al.*:

- Definitive criteria:
  - Image findings: Calcifications, stones, changes in ductal morphology.
  - Histological: loss of exocrine parenchyma with predominantly interlobular fibrosis.
- Suggestive criteria of early pancreatitis: Repeated upper abdominal pain, elevated pancreatic enzymes, exocrine insufficiency, continuous excessive alcohol consumption > 80 g/day<sup>(1)</sup>.

We also believe that describing the incidence of chronic pancreatitis to date in Cali, Colombia, according to the age group, would help to have a broader perspective on the characteristics of the disease.

Secondly, summary acronyms corresponding to the criteria of the International Classification of Diseases, 10th Edition (ICD-10), are described. Specifying the name of the diagnosis would increase the practicality of reading and the speed of internalization of the information for those readers who do not fully master the ICD-10.

Thirdly, the importance of assessing the associated conditions and risk factors for the early diagnosis of chronic pancreatitis is indicated, following what was stated by Arango M. *et al.*; in some patients, discrete changes can be observed in their laboratory tests, but their symptoms are not explained with the typical criteria. It is crucial to assess the medical record and the various associated factors<sup>(2)</sup>. Given the association of these factors and suggestive but inconclusive data after a computerized axial tomography (CAT), we believe it is a partial indication since the correct action would be to indicate a magnetic resonance cholangiopancreatography (MRCP) subsequently. The

reason is that its greater sensitivity would help detect more specific changes, both ductal and parenchymal, as indicated by Frøkjær *et al.*<sup>(3)</sup>. Thus, achieve a more effective early diagnosis of chronic pancreatitis.

Fourthly, 97 patients were initially identified, of which only 36 were accepted with the inclusion criteria. This reduced figure decreases the reliability of the results. We think it would be appropriate to indicate this clearly in your manuscript to avoid biases in disseminating information.

Finally, the characteristics taken into account in this article were compared with other international studies; however, the characteristics at the international level are not described, for example, predominant sex, age, or race. Therefore, it is observed as a mistake to compare this study against international studies because no citations support it in the introduction or in general. Besides, the results cannot create early-stage scales since various classifications, such as Lees-Wiersema, Japanese classification, Rosemont classification, and Milwaukee classification are already defined<sup>(2)</sup>.

## REFERENCES

---

1. Sheel ARG, Baron RD, Sarantitis I, Ramesh J, Ghaneh P, Raraty MGT, Yip V, Sutton R, Goulden MR, Campbell F, Farooq A, Healey P, Jackson R, Halloran CM, Neoptolemos JP. The diagnostic value of Rosemont and Japanese diagnostic criteria for 'indeterminate', 'suggestive', 'possible' and 'early' chronic pancreatitis. *Pancreatology*. 2018;18(7):774-784. <https://doi.org/10.1016/j.pan.2018.08.002>
2. Arango Molano LA, Díaz Tobar CP, Caicedo Q CA, Angel Rodríguez C. Estado actual del diagnóstico y manejo de la pancreatitis crónica. *Rev Colomb Gastroenterol*. 2019;34(4):376-84.
3. Frøkjær JB, Akisik F, Farooq A, Akpınar B, Dasyam A, Drewes AM, Haldorsen IS, Morana G, Neoptolemos JP, Olesen SS, Petrone MC, Sheel A, Shimosoegawa T, Whitcomb DC; Working group for the International (IAP – APA – JPS – EPC) Consensus Guidelines for Chronic Pancreatitis. Guidelines for the Diagnostic Cross Sectional Imaging and Severity Scoring of Chronic Pancreatitis. *Pancreatology*. 2018;18(7):764-773. <https://doi.org/10.1016/j.pan.2018.08.012>