ABSTRACT

Acute pancreatitis has widely variable clinical and systemic manifestations spanning the spectrum from a mild, self-limiting episode of epigastric pain to severe, life-threatening, multiorgan failure. Since the morbidity and mortality of Acute Pancreatitis differ markedly between mild and severe disease (mild < 5% vs severe 20–25%), it is very important to assess severity as early as possible. Various scoring systems like APACHE II scoring, RANSONS scoring and BISAP have been used to asses Severity in Acute Pancreatitis. Among these BISAP and RANSONS scoring systems have been considered to be predictive and most widely used. The need of a scoring system with maximum accuracy and simplicity has been emphasized upon. BISAP has the advantage over Ranson score of being calculated within 24hrs of admission. Ranson score seems to perform accurate prediction of persistent organ failure. This study aims at evaluating the predictive value of BISAP scoring in comparison to RANSONS SCORE.

AIM AND OBJECTIVE

1. To assess the accuracy of BISAP scoring system vs RANSON scoring system in predicting Severity in an attack of acute pancreatitis.

2. To compare predictability of organ failure between BISAP scoring and RANSONS Scoring system

METHODOLOGY

In this study, 60 in-patients presenting with features of acute pancreatitis to Rajiv Gandhi Govt. General Hospital from November 2013 to September 2014 have been studied. It is a prospective and retro prospective study.

Keywords : acute pancreatitis, BISAP score, Ranson score

OBSERVATION AND RESULTS

- No. of patients in the study – 60
- Most common age of presentation is 4 th decade of life.
- Males are most commonly affected.
- Alcohol consumption is the most common etiology in our study.
- 38 patients had mild disease
- 22 patients had a complicated course
- 16 patients had moderately severe course
- 6 patients had severe course.
- Most common local complication is pseudocyst.
- Mortality rate in our study is 5 %
- Ranson's scor e of more than 3 and BISAP score of less than or equal to 3 had the best accuracy of predicting severity of acute pancreatitis.

- Both Ranson's score and BISAP score showed higher sensitivity in prediction of systemic complications than that of local complications.
- No patients were treated surgically.
- Sensitivity , specificity, positive predictive value, negative predictive value and accuracy were 93.33,96,93.33,96 and 95 respectively for both Ranson's score and BISAP scoring system.

CONCLUSION

From this study, we can conclude that BISAP scoring system is not inferior to Ranson's scoring system in predicting the severity of acute pancreatitis. BISAP scoring system is very simple, cheap, easy to remember and calculate. BISAP scoring system accurately predicts the outcome in patients with acute pancreatitis. Moreover the values in BISAP score are instantaneous and there is no time delay. Ranson's score takes a minimum of 24 hours.

Thus, BISAP score has proved to be a powerful tool in predicting the severity of acute pancreatitis in par with Ranson's score