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Letter to the Editor

In response to the article entitled "The Parkland grading scale for cholecystitis" by Madni et al. In Madni TD, Leshikar DE, Minshall CT, Nakonezny PA, Cornelius CC, Imran JB, Clark AT, Williams BH, Eastman AL, Minei JP, Phelan HA. The Parkland grading scale for cholecystitis. In Am J Surg; 2017 Jun 6. doi.org/10.1016/j.amjsurg.2017.05.017

Dear Editor,

In response to the article entitled "The Parkland grading scale for cholecystitis" by Madni et al. In Madni TD, Leshikar DE, Minshall CT, Nakonezny PA, Cornelius CC, Imran JB, Clark AT, Williams BH, Eastman AL, Minei JP, Phelan HA. The Parkland grading scale for cholecystitis. In Am J Surg; 2017 Jun 6. doi.org/10.1016/j.amjsurg.2017.05.017

We would like to congratulate Madni and colleagues for proposing the novel Parkland cholecystitis grading system.[1] Their publication builds on our work describing one of the first intra-operative grading systems for operative findings at laparoscopic cholecystectomy.[2] Their study like ours, while small, is important as it questions the lack of grading systems for one of the commonest surgical operations and proposes some solutions.

Madni's suggestion that our grading is complex is disputable, but we agree that it has not been validated. The Sugrue scoring system is now part of a prospective multicentre international validation study G10 (Gallbladder 10 point score) under the umbrella of the World Society Emergency Surgery and will close on Dec 31st 2017.[3] Madni and colleagues correctly identify some of the weaknesses in our original scoring, which we have changed for the G10 study. We feel that these will need to change further.

The Parkland grading is simple but as Surgeons we know it is not all about presence of adhesions, but also their quality and fixity. These are hard qualities to measure. The frailty, thickness, compliance and mass of gallbladder itself also confound the difficulty of the operative procedure. We propose gallbladder weight and maximum length be calculated after the specimen has been removed from the abdomen. Weight with and without the gallstones could be recorded. This would allow measurement of a conceptual gallbladder mass index (GMI), similar to BMI. GMI would partly take into account size, tissue oedema, wall thickness, which neither our previous score nor Parkland's grade measure.

We look forward to the results of the G10 study and again congratulate Madni's group for adding to the ability to grade operative findings during laparoscopic cholecystectomy, a key component of general surgery. Increased use of validated scoring and grading tools will help in standardization and reducing variability with the potential of improved patient outcomes.

Conflicts of interest

There are no conflicts of interest or funding sources to declare.

Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.amjsurg.2018.01.029.

References

1. Madni TD, Leshikar DE, Minshall CT, et al. The Parkland grading scale for cholecystitis. *Am J Surg*. 2017 Jun 6. https://doi.org/10.1016/j.amjsurg.2017.05.017.
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3. https://www.wses.org.uk/trials Last accessed 01/04/2018.

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