



Letter to the Editor

Letter to the editor concerning the publication: “Evaluation of the BISAP scoring system in prognostication of acute pancreatitis - A prospective observational study”

Dear Editor,

We read with great interest the original research paper titled “Evaluation of the BISAP scoring system in prognostication of acute pancreatitis - A prospective observational study” by Hagjer S & Kumar N¹ - published in IJS Volume 54, Part A, June 2018, Pages 76-81. These authors reported that the BISAP scoring was a very good predictive tool for assessing severity, organ failure and death in acute pancreatitis, and it was as good as the APACHE – II and better than the Ranson’s criteria, CTSL, CRP, hematocrit and BML. We applaud the author’s thorough analysis and findings and would like to share some aspects that are worthy of mention.

While the APACHE II classification system has been in practice for a long time, the BISAP scoring is a simple and reliable scoring system. Several studies on comparing the two, suggested APACHE – II and BISAP to be equally potent in predicting both severity and mortality of acute pancreatitis resulting from local and extra pancreatic complications.²

We would like to reemphasize that BISAP, based on a large population study, was originally described in 2000 – 2001. It was subsequently validated on the data collected from another similarly large study conducted in 2004 – 2005, and the study results were published in 2008.³ Since 2008, many studies have reported that the BISAP scoring system to be a very reliable diagnostic tool, although we have observed that surgeons and physicians in India have not yet adopted BISAP as a regular tool in their daily practice in treating patients with acute pancreatitis.

The difficulty in adopting the BISAP scoring system can partly be attributed to the lack of a multi centric study based on a large population from India although small studies have been reported from different parts of India. India is a culturally diverse nation encompassing people from different backgrounds. The different races, food habits, various consumption patterns of locally available/ Indian made foreign liquor and imported liquor are to be considered as compounding factors⁴. Such a study is difficult to conduct in a country as diverse as India, and hence we have not yet have one properly conducted⁵.

Conducting a multi centric study based on a large population by involving the various medical associations in India to recommend to their members the benefits of the BISAP scoring can be a step in getting surgeons and physicians of India to embrace the BISAP scoring.

Conflicts of interest

None

Sources of funding

None

<https://doi.org/10.1016/j.ijss.2019.03.013>

Received 14 March 2019; Accepted 18 March 2019

Available online 23 March 2019

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Ethical Approval

Ethical approval was obtained from the institutional ethical committee

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Provenance and peer review

Not Commissioned, internally reviewed

DATA STATEMENT

The date stated in the article was collected from

1. International journal of surgery
2. Pub med
3. Google scholar

The research protocols used in this research were approved by the ethics committee of the Sri Balaji Vidyapeeth University.

Main author – data collection, conceptualization, editing, funding, formal analysis

Corresponding author – review, validation. Editing

Third author – review, validation

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