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Letter to the Editor

Letter to prospective validation of the Parkland Grading Scale for Cholecystitis

Dear Sir,

We read the manuscript entitled "Prospective validation of the Parkland Grading Scale for Cholecystitis" with great interest.[1] Grading patients who have acute cholecystitis is necessary for determine the best treatment option. From this point of view we thought that there are some evincible points on this paper.

Authors validate an intraoperative grading system in this paper and claimed that this system predicts conversion rate, length of hospital stay, complication rate and can discriminate hard cases. We thought that this system may suits for American health system but may be misunderstood by young clinicians. Nominately; length of hospital stay of a patient or complication rate of surgical procedure can effect from multiple factors such as comorbidities, duration of complaints, or organ dysfunction. These factors were summarizing in Tokyo Guidelines (TG18) which was considered multiple factors for grading severity and diagnosis of acute cholecystitis. In TG18; grade III (severe) acute cholecystitis (AC) includes organ dysfunction findings (cardiovascular, neurological, respiratory, renal, hepatic or hematological), grade II (moderate) AC define with one of the following conditions; elevated white blood cell count (>18,000/mm3), palpable tender mass in the right upper abdominal quadrant, duration of complaints >72 hours, marked local inflammation, and grade I (mild) AC define with does not meet the criteria of "Grade III" or "Grade II" acute cholecystitis.[2]

Only preoperative imaging studies have been used for grading severity in AAST grading system.[3] This system may describe as more practical than TG18. Both AAST and TG18 give chance to clinician for determining treatment option but Parkland scoring system has obvious limitation on this topic. Additionally; authors criticize AAST validation study[3] for majority of the patient population had low AAST grade disease, but in their validation; only grade 4–5 patients have statistically significant difference in surgical parameters (partial cholecystectomy, converted to open, bile duct leak post-op) and only grade 5 patients have extended length post op stay.

In conclusion; we want to highlight that Parkland scoring system is not a preoperative grading system for acute cholecystitis and we thought that further validation studies required for clarifying some points.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.amjsurg.2018.09.032.

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