LETTER

The Importance of Standard Definitions

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Dear Sir:

Sanjay *et al*. [1] assessed compliance with the revised guidelines for the management of acute pancreatitis published by the work group of the British Society of Gastroenterology in 2005 [2].

This article is valuable in reminding us of the standards of care in this disease but there are some points which may require comments and questions. First, a distinction between severe acute pancreatitis, defined by the presence of complications, and predicted severe acute pancreatitis as determined by multiple score systems should be encouraged. The recommendation of the guidelines for the definition of severity is that the Atlanta criteria should be used. Nevertheless, the authors use C-reactive protein level, Glasgow score and Acute Physiology and Chronic Health Evaluation II (APACHE II) score to determine the severity and, based on these, 46% of their patients had severe pancreatitis and 54% had mild pancreatitis. Those results are far from those published regarding severity distribution in acute pancreatitis [2].

One-hundred patients with acute biliary pancreatitis were included in the trial, and pancreatitis was established secondary to gallstones in 92 patients. What was the etiology in the remaining 8 patients?

In this series, 4 patients underwent early endoscopic retrograde cholangiopancreatography. What were the criteria used to perform this procedure in some patients with biochemical evidence of obstructive jaundice and not the others?

Mortality was zero in that cohort of 100 patients. However, of the 46 cases of severe pancreatitis, only 6 patients were managed in the intensive care unit. The authors did not specify the incidence of organ failure, one of the most important prognostic factors in the acute pancreatitis mortality rate [3].

In addition to that, this study has a gross patient classification bias in that the authors chose prognostic score criteria for the definition of severity and not the Atlanta classification. Probably that bias resulted in a falsely high rate of severe pancreatitis and low (zero) mortality. Those results contrast strongly with the current data published on acute pancreatitis [2, 3, 4].

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