

VLERËSIMI I ECURISË SË PANKREATITIT AKUT BAZUAR NË KLASIFIKIMIN KLINIK TË RANSONIT DHE APACHE-II

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Summary

EVALUATION OF THE COURSE OF ACUTE PANCREATITIS BASED ON RANSON'S AND APACHE'S

Goal of the study. Evaluation of the course of acute pancreatitis based on Ranson's and APACHE's -II clinical classification. Evaluation of the course of acute pancreatitis according to its clinical form

Material and methods: The study is carried out upon 92 patients diagnosed with acute pancreatitis. Based on Ranson's clinical evaluation the patients were divided in 4 groups: Group I-0-2 points (36 patients) Group II-3-4 points (21 pt) Group III- 5-6 points (26 pt) Group IV-7-8 points (9 pt). For all groups the mortality rate and treatment for more than 7 days in the Intensive Care units are evaluated.

The same patients have been divided in 3 groups based on APACHE-II scoring system: Group I 1-7 points (42 patients) Group II 8-14 points (30 pt) Group III over 14 points (20 pt). The mortality rate is assessed for each group.

Results and discussion: The first group of the system, belonging to the mild form of the acute pancreatitis, is characterized by mild abnormalities. Hence, the course of the disease is positive, and the results of our study show a mortality rate of 0%. The patients of the second group reflect grave clinical and laboratory abnormalities. The disease has a fluctuating course and the prognosis is not favourable. The study shows that the mortality rate of this group is 12%, and within the group itself it is observed a higher mortality rate amongst patients who have had the highest scores, where as 40% of them have to stay under intensive care for a period of more than 7 days. Group III represents patients suffering from a more serious form of acute pancreatitis, resulting in our study with a mortality rate of 95%. Treatment in the Intensive Care Units for more than 7 days according to Ranson's study is at a level of 100%. Patients belonging to Group IV have the highest degree of the disease, its course is negative and mortality rate is 100%. The use of both systems at the same time (Ranson's and APACHE-II) enables the creation of more accurate idea not only about the stage of the disease, but also about the general state of the patient. It serves as a basis to decide on the treatment of the patients, to predict the course and complications of the disease as well as the state of the patient when released from hospital.

Conclusions: The clinical form of the acute pancreatitis is determined according to two clinical evaluation systems: Ranson's and APACHE-II. Mortality within the first 6 days of the disease is encountered amongst the gravest clinical forms of the disease (APACHE-II > 14 points, Ranson > 7 points).

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