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Clinical Importance of the Determinant-Based Classification of Acute Pancreatitis Severity

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Abstract

Purpose: This classification should eliminate the confusion in terminology occurring over the last 20 years with direct implications in clinical practice.

Method: The study was based on the web-based consultation of experts worldwide. 528 invitations were sent and 240 responses received from 49 countries from all continents.

Results: In an attempt to eliminate many confusions of the old classification, definitions that have built-in modern concepts of the disease have been issued, clinical evaluation of the severity has been improved and a standardized reporting data to objectively evaluate new treatments and to facilitate the communication of data between centers has been created.

Discussions: An ideal classification should reflect the whole area of clinical and paraclinical changes for one patient, at a given time. In the chosen classification, the main variable that characterizes the degree of severity is only the transitory or persistent organ dysfunction(s)/failure(s).

Conclusions: The most significant contribution to this update is redefining local complications based on their content, existence or non-existence of the wall, the place of their appearance and their evolution over time (local determinants). Systemic determinants take into account the presence of organ failures (transient or persistent). The presence of determinant factors has a cumulative effect.

Key words: severity, pancreatitis, acute fluid collections, pancreatic or peripancreatic necrosis, walled-off necrosis

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