

**“A COMPARITIVE STUDY OF GLASGOW SCORE AND  
CONTRAST ENHANCED COMPUTED TOMOGRAPHY,  
CORRELATION WITH OUTCOMES IN PATIENTS WITH  
ACUTE PANCREATITS.”**

By

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## **Abstract**

**Background and objective:** Assessing the severity in a case of acute pancreatitis(AP) and henceforth predicting the outcome is difficult. Hence many scoring systems are devised to predict the outcomes such as mortality, need for ICU stay, prolonged stay in hospital, organ failure and need for surgical intervention. In our study we aim to study the correlation between Modified Glasgow score and CT Balthazar score in assessing the outcome and also to comparing the scores in cases of acute pancreatitis.

**Methods:** We prospectively studied 30 patients with acute severe pancreatitis admitted in general surgery department of SDM medical college and hospital, Manjushree Nagar, Sattur Dharwad. We assessed the severity of patients admitted with acute severe pancreatitis by using Modified Glasgow scores and CT Balthazar score and compared the scores with each other and correlated the score in assessing the outcome in patients with pancreatitis.

**Results:** Glasgow score who had mean value of more than 2.88 showed correlation with ICU stay in our study. Significant correlation was observed between the mortality rate and patients who had mean CT grading of more than 3.60. Significant correlation was observed between the presence of necrosis (3.60) and mortality. Balthazar score shows constant and significant association between mortality and CT grading of severity ( $p < 0.020$ )

**Conclusion:** Modified Glasgow score and CT Balthazar scores are useful in assessing the requirement for ICU admission. Balthazar score helps in assessing, stratifying the patients with acute pancreatitis and predicting the outcomes such as mortality, ICU stay and prolonged stay >30days

Key words: Glasgow pancreatitis score, Balthazar scoring, acute pancreatitis, CT abdomen, ICU.