

Prognostic Scales for Acute Peritonitis, has the Problem Been Solved?

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Prediction of postoperative complications, which determine the result and consequences, is an important element in the choice of treatment tactics for acute peritonitis management what makes it possible to apply preventive measures. Many methods which are based on taking into account various indicators have been proposed for this. However, none of these methods have sufficient recognition. The most famous and recognized scales are PIPAS [1], WSES Sepsis Severity Score [2], Mannheim Peritonitis Index [3], Peritonitis Index Altona [4], Combined Peritonitis Score [5]. These scales assess only the degree of organ dysfunction, the severity of AP and the possibility of patient's death. But these scales do not assess the risk of certain complications.

APACHE, SAPS, SOFA, etc. are suggested to be used to predict the effects of treatment. However, these scales are nonspecific, in addition, the scales predict only the possibility of death of patients [6-8].

Most prognostic scales determine the risk of complications only during or after surgery. This limits the possibility of justified prevention of complications already during preoperative preparation. Only separate scales make it possible to make predictions before the operation [9-10].

Many scales specific to certain causes of peritonitis have been proposed. These include Peritonitis Severity Score, Boey Score, Jabalpur Index, Hacettepe Score, PULP Score, etc. However, this does not solve the problem as a whole.

A large number of scales have been created for various types of comorbidities. But only some such scales are universal enough and easy to use.

So, the prognostic problem for acute peritonitis has not been solved. Therefore, the problem of developing an informative prognostic universal scale remains relevant.

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