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Original Article

Clinical Profile of Acute Pancreatitis in a Tertiary Care Hospital: A Comparative Study of Bedside Index of Severity in Acute Pancreatitis and Ranson's Score in Predicting Severity

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Abstract

Background:

Acute pancreatitis (AP) is a common gastrointestinal emergency with variable outcomes. Early prediction of severity is essential for triage and timely intervention. Among scoring systems, the Bedside Index of Severity in Acute Pancreatitis (BISAP) and Ranson's criteria are widely validated, but their comparative performance in Indian cohorts requires further evaluation.

Aims and Objectives:

To assess the clinical profile of AP in a tertiary care hospital and to compare the efficacy of BISAP and Ranson's scores in predicting severity, complications, and mortality.

Materials and Methods:

This hospital-based prospective observational study was conducted between September 2024 and March 2025, including 100 consecutive AP patients. Etiological factors, clinical features, complications, and outcomes were recorded. BISAP and Ranson's scores were calculated within 24 h of admission. Statistical analysis determined sensitivity, specificity, predictive values, and diagnostic accuracy for organ failure, necrosis, and mortality.

Results:

Alcohol (48%) and gallstones (32%) were the leading causes. Complications included necrosis (12%), acute renal failure (8%), and MODS (5%). Mortality was 4%. BISAP ≥ 3 predicted organ failure with sensitivity 82.14% and specificity 88.37%, while Ranson's >3 had sensitivity 78.57% and specificity 82.56%. BISAP also demonstrated higher positive predictive value (65.22% vs. 55%) and diagnostic accuracy (86% vs. 81%).

Conclusion:

BISAP score is a reliable, simple, and early prognostic tool with modestly better sensitivity and specificity than Ranson's score. BISAP ≥ 3 identified all deaths and most necrosis cases, suggesting its utility for early risk stratification and intensive monitoring in Indian clinical settings.

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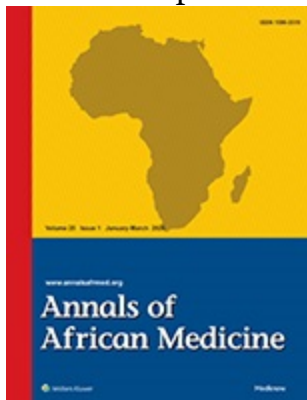
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