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Summary

SHOULD GASTROINTESTINAL BLEEDING AND IMPAIRED MENTAL STATUS BE CONSIDERED ORGAN FAILURE IN PATIENTS WITH ACUTE PANCREATITIS?

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Pancreas

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In a study of 1,612 acute pancreatitis patients, gastrointestinal bleeding and impaired mental status are markers of disease severity but do not show consistent independent association with mortality comparable to current Atlanta Classification organ failure definitions.

KEY POINTS

- Gastrointestinal bleeding (defined as bleeding >500 mL) occurred in 1.5% and impaired mental status (Glasgow score ≤14) in 3% of patients, both associated with worse outcomes in bivariate analysis
- In multivariate models controlling for comorbidity and organ failure, gastrointestinal bleeding was not independently associated with mortality
- Impaired mental status was independently associated with mortality (adjusted OR 4.0, 95% CI 1.2–13.4) only when adjusting for persistent organ failure, but not when adjusting for organ failure of any duration
- Renal, respiratory, and cardiovascular organ failure (both any duration and persistent) showed independent and very strong associations with mortality and all outcome variables, clearly differentiating them from gastrointestinal bleeding and impaired mental status

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