PREDICTION OF INTESTINAL NECROSIS IN ACUTE MESENTERIC ISCHEMIA: A PROSPECTIVE VALIDATION OF THE SURVI SCORE

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Prospective validation of the Clichy score, a non-invasive three-factor score using organ failure, plasma lactate elevation, and intestinal dilation on CT, demonstrates strong diagnostic performance for irreversible transmural intestinal necrosis in acute mesenteric ischemia, particularly in arterial occlusion cases.

KEY POINTS

- In 52 patients with acute mesenteric ischemia, the Clichy score achieved an AUROC of 0.90 for diagnosing irreversible transmural intestinal necrosis, with risk stratification from 0% (no factors) to 75% (all three factors present).
- Performance was superior in arterial AMI (AUROC 0.96) compared to venous AMI (AUROC 0.77); in arterial cases, a score of 3 had 100% positive predictive value while a score of 0 had 100% negative predictive value.
- The score includes three factors: organ failure, plasma lactate greater than 2 mmol/L, and intestinal dilation on CT scan greater than 25 mm.
- Authors suggest the presence of these factors should prompt consideration of laparotomy, though further research is needed to identify additional risk factors for venous AMI.
- This material is most relevant to emergency and gastrointestinal surgeons managing patients with suspected acute mesenteric ischemia.

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