

**GLOSSARY****BALI MODEL**

A prognostic model for severe acute pancreatitis, based on four variables: blood urea nitrogen, age, lactate dehydrogenase, and interleukin-6

regions to calculate the impact of these factors. Further studies, concentrating on other autoimmune diseases, are recommended to help identify the role of environmental toxins on autoimmune pathogenesis in general.

*Katherine Sole*

**Original article** Ala A *et al.* (2006) Increased prevalence of primary biliary cirrhosis near Superfund toxic waste sites. *Hepatology* 43: 525–531

## Comparison of two small-volume colonoscopy bowel-preparation agents

Successful colonoscopy depends greatly on adequate preparation of the bowel. Small-volume agents are known to give better results than large-volume agents, but the small-volume agents themselves have not been directly compared. An Australian team has compared the efficacy, side-effect profile and patient acceptability of Fleet® (CB Fleet Co., Lynchburg, VA), also known as oral sodium phosphate, and Picoprep® (Pharmatel Pty Ltd, Sydney, Australia), a sodium-picosulfate-based agent.

Patients were randomly allocated to receive either two 45 ml bottles of Fleet® ( $n = 103$ ) or three sachets of Picoprep® ( $n = 122$ ) before colonoscopy. All patients completed a questionnaire regarding the efficacy, taste, and side effects of the preparation (nausea, dizziness, and abdominal cramps). Either of two endoscopists, blinded to the preparation agent used, graded the efficacy of the bowel preparation.

Three patients were excluded from analysis for reasons unrelated to the preparation agents. Bowel preparation was judged by endoscopists to be significantly better in the patients who had taken Fleet® than in those who had taken Picoprep® ( $P = 0.0014$ ). Further, Fleet® was less likely than Picoprep® to result in residual particulate or solid stool in the colon ( $P = 0.0035$ ). The incidence of side effects was similar in both groups, although Picoprep® was rated as better tasting.

Although the authors concluded that Fleet® is superior to Picoprep® in bowel preparation, they caution that neither agent is recommended for patients with serious renal or cardiac disorders, or for those taking diuretics.

For patients >65 years of age or with such comorbidities, polyethylene-glycol lavage is recommended.

*Katherine Sole*

**Original article** Tjandra JJ *et al.* (2006) Oral sodium phosphate (Fleet®) is a superior colonoscopy preparation to Picoprep® (sodium picosulfate-based preparation). *Dis Colon Rectum* 49: 1–6

## New prognostic model of pancreatitis severity

The mortality rate for severe, acute pancreatitis is between 8% and 15%, despite the development of several prognostic scoring systems. The Ranson and Glasgow systems are useful, but require data to be collected, after admission, over 24–48 h. The revised Acute Physiologic and Chronic Health Evaluation (APACHE II) system can be used at patient admission, but is complicated to use. Spitzer *et al.*, therefore, developed the BALI MODEL, which can be applied at admission and repeatedly over the following 48 h, and compared its ability to predict the severity of acute pancreatitis with that of the Ranson, Glasgow, and APACHE II systems.

Data were drawn from the randomized, multicenter, double-blind, placebo-controlled Lexiplant trial, for which a large, prospective database of individuals with suspected pancreatitis was established. The authors found that the four variables most predictive of death were age  $\geq 65$  years, blood urea nitrogen  $\geq 25$  mg/dl, lactate dehydrogenase  $\geq 300$  IU/l, and interleukin-6  $\geq 300$  pg/ml. The sensitivity, positive predictive value, and negative predictive value of the BALI model were similar to those of the other three systems.

The Lexiplant trial included patients who ultimately did not have pancreatitis, and this might have weakened Spitzer *et al.*'s results. A prospective trial comparing the BALI model with the other three systems is in its preliminary stages, and is enrolling only patients with severe, acute pancreatitis. The authors believe their simple, four-variable BALI model is a valuable, efficient, and early means of predicting severe, acute pancreatitis.

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**Original article** Spitzer AL *et al.* (2006) Applying Ockham's razor to pancreatitis prognostication. A four-variable predictive model. *Ann Surg* 243: 380–388