



Assessment of Comorbidity in Emergency Surgery of Digestive Organs

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Received: November 23, 2022

Published: January 01, 2023

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The number of patients with comorbidities is constantly increasing [1]. Comorbidity affects the pathogenesis of diseases, symptoms of diseases, treatment, increases the risk of complications [1-4]. Therefore, adequate assessment of comorbidity is important for predicting the course of the disease, the development of complications and choosing the right management.

APACHE II score [5] takes into account the influence of some diseases. But it is a general measure of disease severity only. Kalplan-Feinstein Index [6] is used in all fields of medicine. But this index is created just for predict the 5-year survival of patients with diabetes. Adult Comorbidity Evaluation 27 score [7] evaluates the pathology of all organs and systems. But the index is intended for predicting the survival of cancer patients only. Charlson Comorbidity Index [8] evaluates a limited number of diseases. The index is intended for evaluating the 10-year survival of patients only. The Cumulative Illness Rating Scale [9] takes into account 13 criteria. But the overall assessment of the severity of comorbidity is imperfect. This is because diseases of different severity are evaluated by the same number of points. The Cumulative Illness Rating Scale for Geriatric Patients [10] is an analogue of the Cumulative Illness Rating Scale. The scale is more complex and more accurate. But the scale is intended for assessing the risk of death only. Index of Coexistent Diseases [11] determines the possibility of developing complications. But the index is complex and partly subjective. Elixhauser Comorbidity Index [12] evaluates the severity of comorbidity. But it does not allow to assess possible complications. Comorbidity Severity Score [13] evaluates a limited number of diseases only. The Obesity-Related Comorbidities Scale

[14] evaluates 17 criteria before and after surgery. But the scale is intended just for bariatric surgery. The Class of Comorbidity [4] evaluates the peculiarities of the surgical disease and concomitant disease, the possibility of developing complications. The scale is specific for emergency surgery of digestive organs. But the scale is complicated.

So, many ways of assessing comorbidity have been proposed. Only certain methods are specific for emergency surgery of digestive organs. Therefore, the evaluation of comorbidity for emergency surgery of the digestive organs needs further research.

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