LETTER TO THE EDITOR

Exclusion criteria and methodological limitations in HALP score studies

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Dear Editor,

I have read with great interest the article by İlkay Güler and İzzet Ustaalioğlu titled "Predictive power of HALP score in estimating short-term mortality in patients with acute pancreatitis".[1] This study investigates the predictive power of the HALP score, which consists of hemoglobin, albumin, lymphocyte, and platelet levels, in estimating short-term mortality in patients with acute pancreatitis (AP). However, there are a few methodological points I would like to emphasize regarding this study.

The HALP score is a scoring system that includes parameters associated with inflammation and nutritional status. Since its introduction in 2015, it has been investigated in various diseases and has shown significant results as a predictor of mortality and morbidity.[2–6] Particularly in patients with malignancy, the HALP score has been found to correlate with mortality, morbidity, and recurrence.[2,4,7] Therefore, when examining the effect of the HALP score on early mortality in a disease like acute pancreatitis, patients with a diagnosis of malignancy should be excluded from the study.

Additionally, patients with chronic inflammatory diseases, chronic kidney failure, liver failure, or those who have recently experienced major trauma or undergone surgical procedures should also be excluded, as these conditions can influence the parameters of the HALP score. Moreover, patients with hyperlipidemia, coronary artery disease, or heart failure should ideally be excluded as well, given that previous studies have demonstrated these conditions may also affect the HALP score.[5,6] The inclusion of such patients in this study reduces the reliability of the HALP score as a predictor of mortality in acute pancreatitis. Furthermore, this limitation was not addressed in the manuscript.

In conclusion, the study by İlkay Güler and İzzet Ustaalioğlu is a valuable contribution, indicating that the HALP score may be effective in predicting mortality in patients with acute pancreatitis. However, broadening and clarifying the exclusion criteria would enhance the reliability of the results.

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Dear Editor,

We would like to express our gratitude to the author for their insightful comments and constructive criticism regarding our article titled "Predictive Power of the HALP Score in Estimating Short-Term Mortality in Patients with Acute Pancreatitis."[1] The concerns raised are valid and provide an opportunity to refine both the methodology and interpretation of our findings.

The inclusion of patients with chronic inflammatory diseases, malignancies, or other comorbidities in our study was a deliberate choice aimed at reflecting real-world clinical practice, where such conditions are commonly encountered in patients with acute pancreatitis. However, we acknowledge that this approach may have introduced confounding factors that could affect the hemoglobin, albumin, lymphocyte, and platelet (HALP) score, as highlighted in prior studies.[2,3] Future research employing stricter exclusion criteria, as suggested, may better isolate the predictive value of the HALP score for mortality specifically related to acute pancreatitis.

Regarding the influence of conditions such as hyperlipidemia or coronary artery disease, we recognize their potential to alter the HALP score through systemic inflammatory responses.[4] While these comorbidities were not excluded in our study, we agree that subgroup analyses in future research could be valuable for better accounting for their impact.

Finally, we appreciate the emphasis on the importance of multicenter and prospective validation studies. As a retrospective, single-center study, our research had inherent limitations in terms of generalizability. As noted in the literature, rigorous validation is essential for establishing the prognostic utility of novel scoring systems like HALP.[2,4]

Thank you once again for the opportunity to respond to this letter. We hope this exchange helps advance the understanding and clinical application of the HALP score.

Sincerely,

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