Question 12 – October 23

A 53 year old female with a history of relapsing abdominal pain for the last 9 months with multiple hospitalizations is seeing you in the office for a second opinion. Her initial episode was treated as acute idiopathic pancreatitis when she had elevated lipase and diffuse enlargement of pancreas on CT abdomen with contrast. The most recent MRI abdomen was suspicious for a mass in the head of the pancreas. EUS guided FNA of this area showed acute and chronic inflammation with necrosis and no malignant cells. Her serum IgG4 and CA19-9 were normal and ANA was negative. She had no significant weight loss. What would be the next best step in the management of her condition?

A. Whipple surgery
B. IR guided biopsy
C. Laparoscopic biopsy
D. Trial of steroids for 2-4 weeks

Answer: D

Unexplained pancreatitis with imaging features suggestive of autoimmune pancreatitis and a response to steroids are diagnostic of autoimmune pancreatitis. Even though, the IgG4 levels are normal and pancreatic biopsies did not reveal lymphoplasmacytic or periductal inflammation, response to steroids will meet the diagnosis of autoimmune pancreatitis. If a steroid trial for 2-4 weeks is unsuccessful in improving abdominal imaging, laparoscopic biopsy may be a reasonable alternative.

Reference

Gardner TB et al. Misdiagnosis of Autoimmune Pancreatitis: A Caution to Clinicians. The American Journal of Gastroenterology 104, 1620-1623