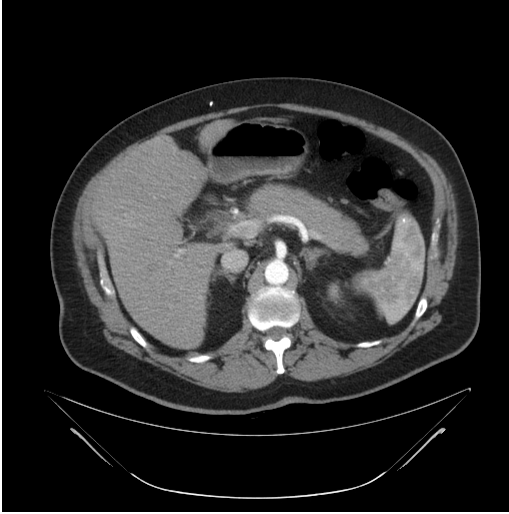


## Question 2 – August 11

1. A 57 year-old male is admitted with recurrent pancreatitis. He is a not a smoker and consumes only one alcoholic beverage every week. He does not take any medications. This is the third episode in 3 months; no etiology was identified during his last two admissions at an outside hospital. A CT of the abdomen is obtained (*see figure* ). MRCP findings are similar and no choledocholithiasis is identified. The patient undergoes an endoscopic ultrasound and pancreatic biopsy is performed. The results are indicative of idiopathic duct centric chronic pancreatitis. Which histologic component is the hallmark of this condition?



- A. Interstitial fibrosis
- B. Obliterative phlebitis
- C. Periductal plasma cells infiltrate
- D. Periductal T lymphocytes infiltrate
- E. Neutrophilic infiltrate with microabscesses

**Answer: E**

Autoimmune pancreatitis is suspected in this patient based on abdominal CT (and MRI) showing diffuse enlargement of the pancreas. EUS-guided pancreatic biopsy confirmed the diagnosis, revealing the less common variant of the disease, idiopathic duct centric chronic pancreatitis. This variant is characterized by a neutrophilic infiltrate with microabscesses. Lymphoplasmacytic sclerosing pancreatitis, the more common variant of autoimmune pancreatitis, is characterized by the other four pathologic features, primarily an extensive lymphoplasmacytic infiltrate with dense fibrosis.

### References:

1. Gardner TB et al. Autoimmune pancreatitis. *Gastroenterol Clin North Am.* 2008; 37:439-460.