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Summary

Diagnosis and management of pancreatic insufficiency

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Immunology | Pancreas

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The speaker presented European guidelines defining pancreatic exocrine insufficiency as maldigestion requiring combined assessment of symptoms, nutritional status, pancreatic function testing, and clinical context rather than faecal elastase alone for diagnosis.

KEY POINTS

- The speaker stated that faecal elastase has 94% sensitivity but only 69% specificity for diagnosing pancreatic exocrine insufficiency, with high false-positive rates in low-probability settings, and cannot be used alone for diagnosis.
- Diagnosis should combine symptoms of malabsorption, nutritional assessment including anthropometric measures and fat-soluble vitamins, pancreatic function testing, and diseases predisposing to insufficiency such as chronic pancreatitis, pancreatectomy, or obstructing pancreatic cancer.
- In very high-probability cases including total pancreatectomy, pancreaticoduodenectomy, or pancreatic head tumours obstructing the main duct, the speaker recommended starting treatment immediately without testing.
- The speaker reported that pancreatic enzyme replacement therapy enhances nutrient digestion and absorption, improves body weight and nutritional status, and has some evidence suggesting reduced complications and mortality.
- Recommended starting doses are 40,000 to 50,000 units with main meals and 20,000 to 25,000 units with snacks, taken together with food, with individualised titration based on symptom relief and nutritional status.
- For non-responders, the speaker advised checking adherence first, then increasing the dose or adding a proton pump inhibitor, and ruling out other conditions such as bacterial overgrowth before escalating doses excessively.

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