

Chronic pancreatitis aetiology: Where does it come from?

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Presentation

Education & Training

Mechanisms & Personalised Medicine

Pancreas

Primary Care

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The speaker presented a case-based teaching session on chronic pancreatitis etiology using a 49-year-old smoking woman who developed both ulcerative colitis and chronic pancreatitis with subsequent pancreatic exocrine insufficiency.

KEY POINTS

- The patient was diagnosed with chronic pancreatitis via imaging showing pancreatic calcifications, main pancreatic duct dilation up to 8 millimeters, and pancreatic atrophy, with endoscopic ultrasound confirming lobularity, multiple calcifications, and duct dilation without masses.
- The speaker stated fecal elastase was less than 5 micrograms per gram, and after adding pancreatic enzyme replacement therapy the patient felt better following weight loss of 5 kilograms and recurrent diarrhea.
- The speaker diagnosed the chronic pancreatitis as most probably toxic due to smoking, while emphasizing the need to consider multiple possible causes beyond smoking alone.
- Through interactive voting, the speaker taught that gallbladder sludge is not a risk factor for chronic pancreatitis in this context, and that when investigating new symptoms including weight loss in chronic pancreatitis patients, malignancy should be ruled out alongside confirming exocrine insufficiency.
- The speaker noted that IgG4 was normal in this patient and discussed through audience voting that negative IgG4 does not rule out all forms of autoimmune pancreatitis.

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