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Summary

Conquer: When response does not come easy

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Immunology | Pancreas

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Case presentation demonstrates successful use of rituximab for IgG4-related autoimmune pancreatitis in a patient intolerant to glucocorticoids, with sustained remission on maintenance B-cell depletion therapy.

KEY POINTS

- A 65-year-old man with incidental pancreatic mass, elevated IgG4, and salivary gland involvement was diagnosed with IgG4-related disease after initial negative FNA and confirmatory FNB showing fibrosis and lymphoplasmacytic infiltrate.
- Initial glucocorticoid treatment normalized IgG4 and reduced the pancreatic mass but caused insulin-requiring diabetes and was poorly tolerated by the patient.
- The speaker switched to rituximab (one gram given two weeks apart) due to persistently active disease and poor glucocorticoid tolerance, with further lesion shrinkage and successful steroid taper.
- The speaker administered maintenance rituximab every six months after induction, with the patient remaining relapse-free for two years and off prednisone.
- The speaker emphasized that glucocorticoids can worsen endocrine function in the long run and that lower doses are associated with better endocrine profiles based on Japanese multicenter studies.
- The speaker recommended that maintenance treatment should be considered in patients at risk of relapse, though noted the risk stratification score used is not yet validated.

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