

AUTOIMMUNE PANCREATITIS, MICRONUTRIENTS AND RELAPSE: A PIONEER STUDY

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Poster

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A retrospective study of 100 autoimmune pancreatitis patients found that 38% developed micronutrient deficiencies during median 53-month follow-up, most commonly zinc (25.5%) and vitamin D (16.1%), and these deficiencies were associated with higher relapse rates before adjustment for disease subtype and severity.

KEY POINTS

- Micronutrient deficiencies occurred in 38% of AIP patients during follow-up, with zinc deficiency in 25.5% and vitamin D deficiency in 16.1%
- Patients with micronutrient deficiencies had significantly higher prevalence of pancreatic exocrine insufficiency (92.1% vs 69.4%, $p=0.01$) and relapse (52.6% vs 27.4%, $p=0.02$) compared to those without deficiencies
- Unadjusted odds ratios showed 2.9-fold higher relapse risk with any deficiency, 2.71-fold with zinc deficiency, and 3.38-fold with vitamin D deficiency, but these associations lost statistical significance after adjusting for AIP type 1, pancreatic exocrine insufficiency, and elevated IgG4 levels
- Micronutrient deficiencies were prevalent even in patients receiving pancreatic enzyme replacement therapy (89.5% of deficient patients were on PERT)
- This retrospective analysis from a single pancreas clinic suggests micronutrient monitoring may warrant consideration in AIP follow-up, though the authors note more studies are needed

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