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Summary

VALIDATION OF MRI-MORPHOLOGIC RADIOLOGICAL DIAGNOSTIC CRITERIA IN A RETROSPECTIVE COHORT OF AUTOIMMUNE PANCREATITIS (AIP) PATIENTS

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UEG Week Copenhagen 2023 | Poster

Pancreas

October 15, 2023

A retrospective blinded study of 156 MRI examinations evaluated five MR-morphologic criteria for distinguishing autoimmune pancreatitis from chronic pancreatitis, pancreatic cancer, primary sclerosing cholangitis, and non-HPB controls.

KEY POINTS

- Sausage-like enlargement showed the highest specificity for AIP (98.98% and 98.00% for two readers) but low sensitivity (30.91% and 26.79%).
- Restricted diffusion demonstrated moderate sensitivity (47.83% and 56.86%) and specificity (89.29% and 73.26%) with accuracy around 72-75% for both readers.
- Delayed enhancement in venous phase, icicle sign, and hyperenhancement of ductal wall all showed high specificity (79-100%) but low sensitivity (8-38%).
- Apparent diffusion coefficient values differed significantly between AIP, pancreatic cancer, and chronic pancreatitis, with AUROC of 0.85 for chronic pancreatitis and 0.68 for pancreatic cancer.
- Inter-reader agreement was moderate to substantial (kappa 0.23-0.85); this study is relevant for radiologists and gastroenterologists seeking to optimize MRI-based diagnosis of autoimmune pancreatitis.

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