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Summary

See: A typical case of autoimmune pancreatitis?

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Immunology | Pancreas

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A 29-year-old man with a focal pancreatic head mass and normal serum IgG4 was diagnosed with autoimmune pancreatitis based on combined clinical, imaging, histological and steroid-response criteria after exclusion of malignancy.

KEY POINTS

- The patient presented with elevated lipase around 500 units per litre and imaging showed a 4.5 cm hypoechoic pancreatic head lesion with peripancreatic lymph nodes but no pancreatic duct dilatation.
- Serum IgG4 was normal and EUS-guided core biopsy showed no malignancy but also no definite histological criteria for IgG4-related pancreatitis.
- After excluding cancer, the patient was started on prednisolone at approximately 0.6 to 0.8 mg per kg per day as per guideline-based treatment.
- The patient showed complete clinical, biochemical and radiological response with disappearance of abdominal and back pain, improvement in lipase and cholestatic enzymes, weight gain, and complete resolution of the pancreatic head mass on follow-up MRI.
- The speaker emphasised that no single finding established the diagnosis; it required combining imaging, histology, tumour exclusion and steroid response, and that pancreatic cancer must be excluded before using steroid response as a diagnostic clue.

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