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Summary

PANCREATIC ATROPHY IS INDEPENDENTLY ASSOCIATED WITH EARLY DYSGLYCAEMIA IN CHRONIC PANCREATITIS

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In chronic pancreatitis patients with prediabetes, pancreatic atrophy is independently associated with impaired glucose tolerance, driven primarily by beta-cell dysfunction rather than insulin resistance.

KEY POINTS

- Among 46 chronic pancreatitis patients with prediabetes, diffuse pancreatic atrophy was associated with 77.5 mg/dL higher 60-minute glucose levels compared to no atrophy ($p < 0.001$), while body–tail atrophy showed a 30.6 mg/dL increase ($p = 0.036$).
- The insulinogenic index, reflecting early insulin secretion, varied significantly across glucose tolerance groups ($p = 0.022$), whereas the Matsuda index for insulin sensitivity showed no significant differences ($p = 0.730$), indicating beta-cell dysfunction as the main defect.
- Patients with exocrine pancreatic insufficiency had significantly lower insulinogenic index ($p = 0.007$), and the insulinogenic index was lowest in patients with diffuse pancreatic atrophy ($p = 0.021$).
- Based on OGTT results, 26% of patients met ADA criteria for diabetes and 33% for impaired glucose tolerance, despite all being classified as prediabetic by fasting glucose and HbA1c alone.
- The findings support the need for closer metabolic surveillance in chronic pancreatitis patients with pancreatic atrophy, as fasting measures may underestimate dysglycemia.

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