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Summary

Panel discussion: Autoimmune pancreatitis: Come, see, conquer

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Immunology | Pancreas

October 17, 2026

Expert panel discussion emphasizes multidisciplinary team approach to autoimmune pancreatitis diagnosis and treatment, with focus on high-quality imaging, individualized steroid trials, rituximab protocols, and careful patient selection for pancreatic biopsy.

KEY POINTS

- The speaker from Karolinska reported good experience with corticosteroid trials when high-quality imaging and radiology specialist confirmation suggest the lesion does not look like cancer, with MRI control at three weeks and tapering controlled at approximately three months
- The speaker stated that type 1 and type 2 AIP are two completely different diseases, with type 2 patients with IBD on infliximab or adalimumab all in remission without relapse in their cohort
- For rituximab, the speaker uses 1 gram two weeks apart for induction, monitors CD19 cells, and stated that complete B-cell depletion may predict later relapse if treatment is stopped
- The speaker reported a recent practice shift toward provoking relapse by reducing steroids to initiate biologicals for steroid-free treatment regimens
- IgG4 is not routinely measured on follow-up as the speaker stated it is not a treatment target, with conflicting data on its value as a monitoring parameter
- Pancreatic biopsy is not performed on a sausage-shaped pancreas clearly suggesting autoimmune pancreatitis, with the speaker emphasizing that biopsy should only be done if it changes management given the associated risks

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