

## SERUM IGG4/IGG RATIO MAY OUTPERFORM SERUM IGG4 ALONE IN THE DIAGNOSIS OF TYPE 1 AUTOIMMUNE PANCREATITIS (AIP): A RETROSPECTIVE COHORT STUDY IN SINGAPORE

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UEG Week Berlin 2025

Poster

Pancreas

October 6, 2025

**A retrospective cohort study of 60 patients with elevated serum IgG4 found that serum IgG4/IgG ratio, particularly at a threshold of 20%, demonstrated superior diagnostic performance for Type 1 autoimmune pancreatitis compared to conventional serum IgG4 levels alone.**

### KEY POINTS

- Among 60 patients with raised serum IgG4, the conventional cut-off of IgG4  $\geq 135$  mg/dL showed no significant association with Type 1 AIP diagnosis ( $p = 0.687$ ), while IgG4/IgG ratio was significantly higher in AIP patients versus non-AIP patients (median 23.2% vs 13.9%;  $p < 0.001$ ).
- An IgG4/IgG ratio  $\geq 20\%$  was strongly associated with AIP diagnosis (OR = 13.2;  $p < 0.001$ ) and demonstrated high specificity (92.3%) and positive predictive value (78.6%).
- Lowering the threshold to IgG4/IgG ratio  $\geq 15\%$  increased sensitivity to 76.2% and negative predictive value to 84.4%, but reduced specificity to 69.2%.
- The authors propose that IgG4/IgG ratio at a 20% cut-off may be a valuable adjunct in diagnosing suspected Type 1 AIP and recommend validation in larger cohorts.

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