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Summary

AUTOIMMUNE PANCREATITIS SUBTYPES BEHAVE DIFFERENTLY: A 20-PATIENT EXPERIENCE FROM TURKEY

YAVUZ ÖZDEN

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Pancreas

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Single-center retrospective series of 20 autoimmune pancreatitis patients demonstrates distinct clinical, radiologic, and histopathologic differences between Type 1 and Type 2 subtypes with implications for relapse risk and management.

KEY POINTS

- Type 1 AIP (15 patients, mean age 63, 80% male) presented with obstructive jaundice, elevated IgG4, diffuse hyperechoic parenchyma on EUS, and long-segment ductal narrowing; 60% had extra-pancreatic involvement, most commonly IgG4 cholangitis.
- Type 2 AIP (5 patients, mean age 38, equal gender distribution) presented with abdominal pain and acute pancreatitis, normal IgG4, focal hypoechoic lesions on EUS, and short-segment narrowing; 40% had ulcerative colitis.
- All patients in both groups responded to corticosteroids, but 40% of Type 1 patients relapsed within one year and received rituximab, while no Type 2 patients relapsed.
- Accurate subtype classification using EUS, MRCP, IgG4 serology, and histopathology is crucial because Type 1 represents systemic IgG4-related disease with high relapse risk requiring long-term immunosuppression, while Type 2 remains pancreas-limited with sustained remission.

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