

Duct-narrowing chronic pancreatitis without immunoserological abnormality: comparison with duct-narrowing chronic pancreatitis with positive serological evidence and its clinical management.

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We reviewed the clinical features and clinical course of patients with duct-narrowing chronic pancreatitis who were negative for immunoserological test results (n=16) in comparison with the findings for serological test-positive patients (n=20) in order to determine an adequate treatment for those who had typical morphology of autoimmune pancreatitis in the absence of immunoserological abnormality. No significant differences were found between the two groups of patients in clinical profiles including associated autoimmune-related diseases, pancreatic histology, and response to steroid therapy. Of the seronegative patients, eight patients who showed an improvement in narrowing of the main pancreatic duct with steroid therapy and three who did not show an improvement or who relapsed after surgical resection without this therapy had stenosis of the common bile duct with increased levels of serum hepatobiliary enzymes, except for two patients with affected sites limited to the body or tail of the gland. For the remaining five patients, who showed an improvement in pancreatic duct changes or long-term remission after surgery without steroid administration, normal biochemistry test results for liver functions were obtained, with no abnormal cholangiographic findings in the 3 patients examined.

Duct-narrowing chronic pancreatitis without immunoserological abnormality overlaps in clinical features with that fulfilling the immunoserological criteria for a diagnosis of autoimmune pancreatitis. In particular, the disease with bile duct involvement should be treated clinically as autoimmune pancreatitis, for which steroid therapy is recommended, even if an autoimmune mechanism is not demonstrated serologically.

Table. Comparison of clinicopathologic findings for seropositive and seronegative DNCP patients

Clinicopathologic finding	seropositive (n=20)	seronegative (n=16)	P value
Sex (male/female)	17/3	10/6	p>0.10
Age (mean±SD; yr)	62.9±10.0	57.6±13.9	p=0.20
Location (diffuse/focal)	17/3	12/4	p>0.90
DM	12 (60%)	6 (38%)	p>0.25
Extrabiliary autoimmune-related disease	6 (30%)	3 (19%)	p>0.50
Jaundice	11 (55%)	5 (31%)	p>0.25
Upper abdominal pain	4 (20%)	7 (44%)	p>0.10
Increased cholestatic enzymes	15 (75%)	9 (56%)	p>0.25
Increased pancreatic enzymes	10 (50%)	13 (81%)	p>0.10
CBD stenosis	18/19 (95%)	9/12 (75%)	p>0.25
Dense inflammatory cell infiltration	7/8 (88%)	4/6 (67%)	p>0.75
Effective steroid therapy	14/15 (93%)	8/8 (100%)	p>0.50

DNCP, duct-narrowing chronic pancreatitis; DM, diabetes mellitus; CBD, common bile duct