Inflammatory pancreatic”tumors”

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Utrecht

- Focal pancreatitis
- Auto-immune pancreatitis
- Groove pancreatitis

Radiological aim:

A. AIP: recognize, avoid surgery and treat medically

B. Focal and Groove pancreatitis: recognize

- FU with watchfull waiting: conservative treatment
- Surgery if conservative measures fail

Auto-immune pancreatitis (AIP)

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Lymphoplasmacytic, sclerosing, pancreatitis

- Chronic infiltrate around ducts
    - CD8, CD4 positive T cells
  - *Fibrosis*
  - *Venulitis*
  - *Thickening wall CBD (60-80%), gallbladder (60%)*
  - *Diffuse or focal (usually pancreatic head)*

  - *Mild form: ducts only*
  - *Severe form: infiltration entire pancreas and sclerosis*

Auto-immune pancreatitis (AIP)

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2-6% of chronic pancreatitis

- Av 50-60 yr (14-77)
    - *Jaundice due to CBD stenosis (60-70%)*
    - *Little pain*
    - *Weight loss*
    - *Onset diabetes*
- 2-3 % in pppd series
- IgG4 elevated
- Associated (20-50%) with IBD, PSC, Sjögren syndroom, interstitial nefritis, sialoadenitis, colitis ulcerosa, retroperitoneal fibrosis

React well to steroids

Auto-immune pancreatitis (AIP)

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Diagnosis often delayed:

1. IgG4 elevated (varying sens and spec)
2. Imaging
   - *Diffuse enlargement (sausage; thickened, effaced)*
     - Can be focal
     - Hypodens rim without stranding
   - *Diffuse narrowing PD*
     - Can be focal
   - *No atrophy*
   - *No Ca, no pseudocysts*
   - *Vasc encasement: not art, sometimes venous (splenic vein)*
3. PA: fibrosis and lymphoplasmacyte infiltration

Groove pancreatitis

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Pseudonyms:

- Paraduodenal pancreatitis
- Cystic dystrophy of hetertopic pancreas
- Para-duodenal wall cyst
- Myoadenomatosis

Pathology:

- Dilated ducts, in viscinity of papilla minor
- Inspissated secretions, plugs, polynuclear giantcells
- Pseudocystic changes
- Myelofibroblastic degeneration, with spill to pancreas and pancreatico-duodenal groove
- Obstruction papilla minor possible cause

Groove pancreatitis

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Clinically

- Usually men, 40-50 yr, alcohol
    - *10-20% female*
    - *10-20% non-alcohol*
- Time between first symptom and diagnosis: av 1 yr (up to 24 yr)
    - *Severe abdominal pain*
    - *Obstruction stomach-duodenum*
    - *Intermittend character*
    - *Seldom CBD obstruction*

Groove pancreatitis

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1. Pure form: only in pancreatico-duodenal groove
    - *Typical appearance*
        - Location: between duodenum and pancreatic head
        - Duodenal wall thickening with cysts

2. Segmental form: lesion in groove and in pancreatic head
    - *DD pancreatic adenocarcinoma*

- Non-cystic form difficult DD adenocarcinoma (up to 40%)
- Cystic form better identifiable (<10 % adenoca)

Focal pancreatitis; conclusions

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1. Be aware of:
   - *Focal pancreatitis*
   - *Auto-immune pancreatitis*
   - *Groove pancreatitis*

2. Prevent
   - *unneccessary doctor's delay*
   - *unneccessary resections*

3. Develop with Gastroenterologist (EUS,biopsy) watchfull waiting strategy