A 63 year old man presents with vague epigastric pain, jaundice and weight loss
Ultrasound and CECT

- Imaging findings?
- DDx?
- Diagnosis?

http://nutritiongang.com/low-stomach-acidity-hypochlorhydria/
Ultrasound

http://www.joplinc.net/prev/200501/38.html
Contrast Enhanced CT

http://radiopaedia.org/images/557225
Findings

- US shows a diffusely enlarged, hypoechoic pancreas
- CECT also shows a diffusely enlarged pancreas with loss of normal lobulations, and a hypodense halo
  - Note the absence of calcifications and minimal peripancreatic inflammatory changes
Differential Diagnosis

- Pancreatic Ductal Carcinoma
- Chronic Pancreatitis
- Autoimmune Pancreatitis
Additional Information

Labwork:
- elevated IgG4
- elevated lipase
Diagnosis

- **Autoimmune pancreatitis (Type 1)**
- Two distinct histologic subtypes
  - Type 1 (more common): IgG4 related disease, pancreatic manifestation of multi-organ disease
  - Type 2: pancreas specific disorder not associated with IgG4
- Type 1 associated with sclerosing extrapancreatic manifestations like sclerosing cholangitis, retroperitoneal fibrosis and sclerosing sialadenitis
Discussion

- Occurs more commonly in middle-aged to elderly men
- Represents 5% of chronic pancreatitis cases
- 3-5% of pancreatic resections for presumed carcinoma had autoimmune pancreatitis
- Presentation: vague abdo pain, jaundice, weight loss, occasionally complicated by acute pancreatitis
Discussion

- Imaging:
  - Focal, multifocal or diffuse
  - “Sausage-shaped” pancreas
  - Characteristic surrounding halo of hypoattenuation
  - Diffuse or segmental narrowing of the main pancreatic duct
  - May progress to end-stage pancreatic disease if untreated
  - Very responsive to steroid therapy
References

- StadDx.com– Autoimmune (IgG4) Pancreatitis