

# **AUTOIMMUNE PANCREATITIS MIMICKING CANCER OF THE PANCREAS**

O. Detry, A. Servais, S. R. Pestieau, Y. Gaspar, P. Honoré, J. Boniver, J. Belaïche, N. Jacquet.  
Departments of Abdominal Surgery, Pathology, and Gastroenterology,  
University Hospital of Liège, Belgium

Particular chronic pancreatic changes have been reported in association with autoimmune diseases such as Sjögren's syndrome, SLE or PSC. Yoshida et al. recently proposed isolated autoimmune pancreatitis as a new clinical entity (Dig Dis Sci, 1995;40:1561-8). This report describes the cases of two patients who presented with isolated obstructive jaundice. Radiological imaging studies were highly suggestive of carcinoma of the head of pancreas and both patients underwent uneventful cephalic pancreaticoduodenectomy with portal vein replacement. Histologic findings of the resected tissue showed diffuse lymphoplasmacytic infiltration with interstitial fibrosis and involvement of the portal vein. The presence of lymphoid follicles was a prominent feature, and plasma cells were abundantly present. Retrospectively hyperglobulinemia and antinuclear antibodies (ANA) were present in both cases. Both cases fulfilled most of the diagnostic criteria for autoimmune pancreatitis proposed by Yoshida. The aim of this report is to make physicians aware of this possible diagnosis in order to avoid unnecessary major surgical procedure. In autoimmune pancreatitis steroid therapy may lead to improvement of the jaundice and to the normalisation of the size of the pancreas on CT scan within a few weeks and should be initiated as a diagnostic treatment in suspected cases.