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ACUTE AND CHRONIC PANCREATITIS

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This talk is primarily focussed on autoimmune pancreatitis. Autoimmune pancreatitis was first described in 1961 although it was not more widely recognised as an autoimmune condition until 1995. It has now become apparent that this form of pancreatitis is part of a clinical syndrome that is commonly multi-system in nature. One of the most common histopathological features is the presence of IgG4-positive plasma cells within involved tissues. Many terms have been proposed to describe the condition but 'IgG4-related systemic sclerosing disease' appears most appropriate. Commonly affected extra-pancreatic tissues include the biliary tract, liver, kidneys and lung, but a wide range of other sites may be involved. Histological examination reveals features that are not entirely disease-specific but that are often sufficiently characteristic to provide useful support to a clinicopathological diagnosis. The disease often responds well to systemic steroid therapy – unlike some of the conditions that it may simulate clinically. The emergence of this disease as a specific and treatable entity has favourably altered the clinical outlook for patients in whom steroid therapy might not previously have been considered appropriate.

References

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