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### Steroid-responsive pancreatitides

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#### Abstract

Autoimmune pancreatitis has received considerable attention especially due to the dramatic effect of corticosteroid therapy on its clinical course. Knowledge, especially regarding on type 1 autoimmune pancreatitis, has significantly increased over the last decades, and despite significant differences in pathophysiology and outcomes, both type 1 and 2 autoimmune pancreatitis are still considered different types of the same disease. Some have proposed a different nomenclature reflecting

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**Current concepts** in the treatment of **autoimmune pancreatitis**. *Journal of the Pancreas* , 8 (1), 1-3.

**Current concepts** in the treatment of **autoimmune pancreatitis**.

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Author: Raghuwansh P. Sah, Suresh T. Chari

Publish Year: 2015

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Author: Nicolo' de Pretis, Yan Bi, Saurabh Mu...

Publish Year: 2016

## Images of Steroid-responsive Pancreatitis

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	Autoimmune Pancreatitis	Pancreatic Cancer
Features	Not useful Elevated serum IgG4 level (> 140 mg/dL) (86% sensitive, 96% specific, 91% accurate) Capsule-like low-density rim, delayed enhancement of the pancreas, and no atrophy of the body and tail of	Not useful Elevated serum cancer antigen 19-9 level Low-density mass, abrupt pancreatic duct cutoff, distal pancreas atrophy, regional spread, and m

Approach for determining the need for FNA to rule out type 1 AIP according to ICDC.

Strength of collateral evidence*	FNA recommendation
Any**	No



Steroid-responsive pancreatitides



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Recurrent steroid-responsive pancreatitis associated with **myelodysplastic syndrome and transformations**. The vasculitic syndrome responded rapidly to corticosteroids, but soon after tapering of corticosteroids, acute pancreatitis developed. Pain and pancreatic enzymes, however, improved rapidly with escalation of corticosteroid dosage.

**Author:** Tawee Tanvetyanon, Patrick J. Stiff

**Cited by:** 10

**Publish Year:** 2005

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