The Role of Endoscopy in Autoimmune Pancreatitis

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<Introduction>
Autoimmune pancreatitis (AIP) is a unique form of chronic pancreatitis and now becomes the global disease, attracting worldwide attention. Pancreatobiliary endoscopists should have sufficient knowledge about this disease entity because a role of endoscopy is important in AIP. One of reasons is that endoscopic biliary decompression is needed in over half of AIP patient due to obstructive jaundice. Another important aspect of AIP is that it is not easy to differentiate AIP from pancreatobiliary malignancy radiologically and clinically. Various endoscopic examinations are therefore performed for the purpose of not only therapeutic tool including biliary stenting but also differential diagnosis.

<Result>
The diagnostic endoscopic investigations used in AIP include ERCP, EUS±FNA, EUS-guided trucut biopsy, and intraductal ultrasonography (IDUS). Recently the contrast-enhanced EUS and EUS-elastography are used in the differential diagnosis between AIP and pancreatic cancer. ERCP can obtain characteristic pancreatogram of AIP, biopsy of the major duodenal papilla for IgG4 immunostaining, and intraductal forcep biopsy in combination with immunohistochemistry for the accompanied bile duct stricture. EUS-guided tissue sampling is useful for evaluating pancreatic masses to exclude pancreatic cancer.

<Conclusion>
It is important for endoscopists to fully aware of advantage, disadvantage, strength and weakness of various endoscopic examinations and to utilize these tools properly in order to enhance the diagnostic yield and the cost effectiveness.