

Image of the Month

Autoimmune pancreatitis associated with anisakis infection

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Received 16 October 2006; accepted 17 October 2006

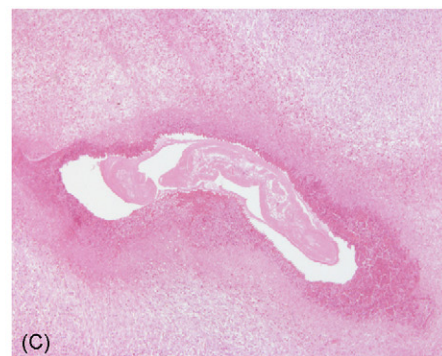
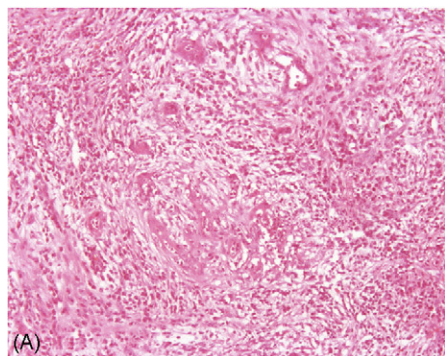
A 67-year-old man with Type 2 diabetes mellitus of seven years duration presented with persistent epigastric pain of mild intensity, decompensated diabetes and diarrhoea of 7 months duration; he was afebrile. At physical examination, the epigastric pain increased at palpation. Laboratory values were normal except for hyperglycemia, eosinophilia (leucocytes $6.74 \times 10^3/\mu\text{L}$, eosinophils 8.6%) and a total IgE of 206 kU/L (reference limit <100). Autoantibodies were not detectable. Faecal fat excretion was clearly abnormal (12 g/24 h). Computed tomographic scan revealed a small mass on the head of the pancreas; endoscopic ultrasonography confirmed a hypoechogenic pancreatic mass of 23 mm $\times$ 12 mm in diameter. The common bile duct and the main pancreatic duct were normal; cytology examination, unfortunately, revealed only rare leukocytes. A surgical exploration was planned due to the suspicion of pancreatic cancer [1] or the presence of eosinophilic autoimmune pancreatitis [2,3]. During the operation, a small mass in the gastric antrum was also found, a pancreaticoduodenectomy with partial gastrectomy was performed. Histological examination of the pancreatic resection specimen showed a picture compatible with autoimmune pancreatitis (presence of small lymphocytes together with duct destructive pancreatitis) (Fig. A). The gross appearance of the gastric specimen showed the presence

of a granuloma of the gastric wall and the histological examination showed the presence of an eosinophilic granuloma (Fig. B) with peripheral vasculitis reaction and containing anisakis (Fig. C). After this finding, the patient was again interrogated and he reported that he had eaten sushi about 8 months before. The patient had an uneventful recovery and was discharged 10 days after the operation.

The possibility of a casual association between autoimmune pancreatitis and worm infection should be kept in mind after a carefully taken medical history and when an unexplained finding of eosinophilia is found [4].

References

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