



Clinical consequences of autoimmune pancreatitis

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Autoimmune pancreatitis (AIP) is a rare and complex form of chronic pancreatitis, comprising two distinct subtypes: Type 1 AIP, a systemic IgG4-related disease, and Type 2 AIP, which is confined to the pancreas. These subtypes differ significantly in clinical presentation, radiological features, and long-term prognosis (1). Both forms can lead to loss of pancreatic function, resulting in pancreatic exocrine insufficiency (PEI) and pancreatogenic diabetes mellitus (DM), although these complications are more prevalent in Type 1 AIP (2). Notably, PEI is highly prevalent at diagnosis in Type 1 AIP and often persists despite appropriate treatment. In addition, patients are at risk for developing DM at any time during disease course, which is also irreversible after treatment (3). Management of PEI and DM alone is insufficient to fully address the broader metabolic consequences associated with AIP. Micronutrient deficiencies, affecting up to 38% of AIP patients during a median follow-up of 53 months, persist even in those receiving enzyme replacement therapy, particularly in individuals with established PEI. (4). Chronic systemic inflammation and nutritional deficiencies may predispose these patients to bone mineral density loss, osteoporosis, and fracture risk. While associations between AIP and malignancy, including pancreatic cancer, remain weak and inconclusive, ongoing studies such as the AIPPEAR cohort aim to clarify these risks (5). Nevertheless, the known oncogenic

potential of chronic pancreatitis and diabetes raises concern regarding long-term malignancy risk stratification in AIP patients (6).

Once the diagnosis of AIP is established, clinicians should, in addition to initiating immunosuppressive therapy, systematically evaluate patients for PEI and DM even in the absence of overt symptoms. Routine screening for osteoporosis and assessment of micronutrient deficiencies—particularly fat-soluble vitamins, zinc, magnesium, calcium, if possible—should also be incorporated into the comprehensive management plan.

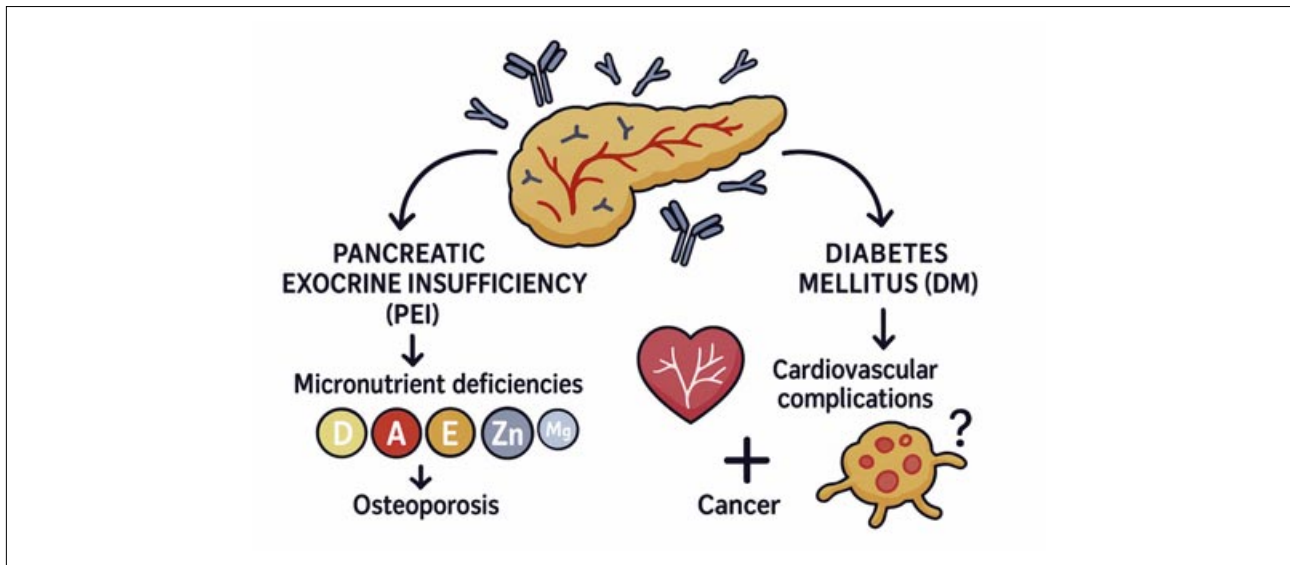


Figure 1 - Infographic showing the most important clinical consequences of AIP.

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