A 66-year-old woman was referred to our institution for evaluation after the detection of elevated pancreatic enzyme levels. Contrast-enhanced computed tomography (CECT) and magnetic resonance cholangiopancreatography revealed a stricture of the main pancreatic duct (MPD) in the tail of the pancreas with dilation of its upstream MPD (Picture A and B). Endoscopic ultrasonography (EUS) revealed localized thickening of the MPD wall in a 3-cm area that was consistent with the site of stenosis of the pancreatic tail (Picture C). Endoscopic retrograde pancreatography did not reveal any abnormal findings in the pancreatic duct.

A pathological diagnosis could not be made because a pancreatic tail specimen obtained by EUS-guided fine needle aspiration (EUS-FNA) was not sufficient. Eight months later, CECT revealed a capsule-like rim with swelling in the pancreatic tail (Picture D). EUS revealed pancreatic duct stricture at the site where pancreatic duct wall thickening had previously been recognized. Repeated EUS-FNA could
not confirm a pathological diagnosis of autoimmune pancreatitis (AIP). The examination of a renal biopsy specimen from the area that showed a low density on CECT revealed typical findings of IgG4-related disease. Type 1 AIP was confirmed based on the international consensus diagnostic criteria. In this case, only MPD wall thickening was observed at the early stage, and it is conceivable that this finding may be a clue to the diagnosis of AIP.

The authors state that they have no Conflict of Interest (COI).