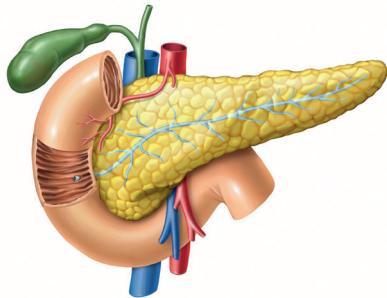


BÖLÜM 21



OTOİMMÜN PANKREATİT

Ümit KARAOĞULLARINDAN¹

GİRİŞ

Otoimmün pankreatit (OİP) kronik pankreatitin nadir bir formu olup, kendine has klinik, patolojik, serolojik ve görüntüleme özelliklerine sahiptir. OİP, kronik pankreatitin otoimmün aracılı mekanizmalarla oluşan özel bir türünü oluşturmaktadır. Literatürdeki ilk vaka 1961 yılında Sarles ve ark.'nın tanımladığı alkoller ilişkisi olmayan muhtemelen otoimmün mekanizmaların eşlik ettiği hipergamaglobülinemi ile seyreden vaka-

dir (1). Bu vakadan sonra 1995 yılında Yoshida ve ark. "otoimmün pankreatit" kavramı ile eşleşen kronik pankreatit klinik antitesini ortaya atmışlardır (2). Geçmişte sklerozan pankreatitis ve nonalkolik dekstrüktif pankreatitis gibi isimlerle de isimlendirilmiştir (3,4). Literatürdeki ilk vakalar Japonya'dan olmakla beraber hastalığı tanımlayan kriterlerdeki gelişme insidansın artmasını Kore, Amerika Birleşik Devletleri (USA) ve Avrupa'dan da yeni vakaların literatüre girmesini sağlamıştır (5,6). Süregelen zaman içinde son

Tablo 1. Tip 1 ve Tip 2 otoimmün pankreatitin karşılaştırılması.

Karakteristik Özellik	Tip 1 Otoimmün Pankreatit	Tip 2 Otoimmün Pankreatit
Etnik köken	Aşyada belirgin	Avrupada belirgin
Yaş	60 yaş veya daha yaşlı bireyler	Bir dekat daha gençlerde
Cinsiyet	Erkek dominant	Erkek kadın eşit tutulum
Klinik semptomlar	Obstruktif sarılık sık abdominal ağrı nadir	Obstruktif sarılık ve abdominal ağrı yaygın
Serolojik markerler	Sıklıkla yüksek serum IgG4 ve otoantikor pozitifliği mevcut	Çoğunlukla normal IgG4 düzeyleri ve negatif otoantikorlar
Histopatoloji	Lenfosit ve plazmosit infiltrasyonu, fibrozis IgG4 plazma hücreleri ile infiltrasyon	Granülosit epitelyal lezyonlar ile pankreatik kanalın obliterasyonu ve destrüksiyonu
Ekstrapankreatik organ tutulumu	Sık ve yaygın	Nadir tutulum
İnflamatuar barsak hastalığı beraberliği	Nadir	Sık
Nüks oranı	Yüksek	Düşük
Tanı için histolojik gereklilik	Gerek yok	Gerek var

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