Long-term prognosis of duct-narrowing chronic pancreatitis: strategy for steroid treatment

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The purpose of this study was to assess the long-term prognosis in patients with duct-narrowing pancreatitis (DNCP) and determine the indications for steroid therapy. We evaluated clinical and imaging outcomes in patients with DNCP classified into three groups (A, B, and C) according to the treatment given. Group A included 6 patients who underwent surgical resection. Groups B and C included 21 and 10 patients treated medically with and without steroid therapy, respectively.

In group A, 2 patients relapsed in the remnant pancreas. In group B, pancreatic swelling was resolved in all the patients, and moreover, both the irregular narrowing of the main pancreatic duct (MPD) and the strictures of the common bile duct (CBD) improved after initiation of corticosteroid therapy in all but 1 of the patients, including 5 without immunoserological abnormality. However, clinical recurrences occurred in 4 patients (19%) during or after the maintenance therapy. In group C, all the patients showed an improvement in swelling of the gland, while only 5 showed improvement of pancreatic duct involvement. Four of these 5 patients did not show any serological data suggesting autoimmune abnormality or CBD involvement. In all of the other 5 patients in whom MPD irregularities did not improve, bile duct strictures or positive immunoserological test results were noted.

Steroid therapy is effective for improving pancreatic duct and bile duct lesions in patients with DNCP, and is indicated particularly in those who show CBD strictures or immunoserological abnormality, although some patients have recurrences.

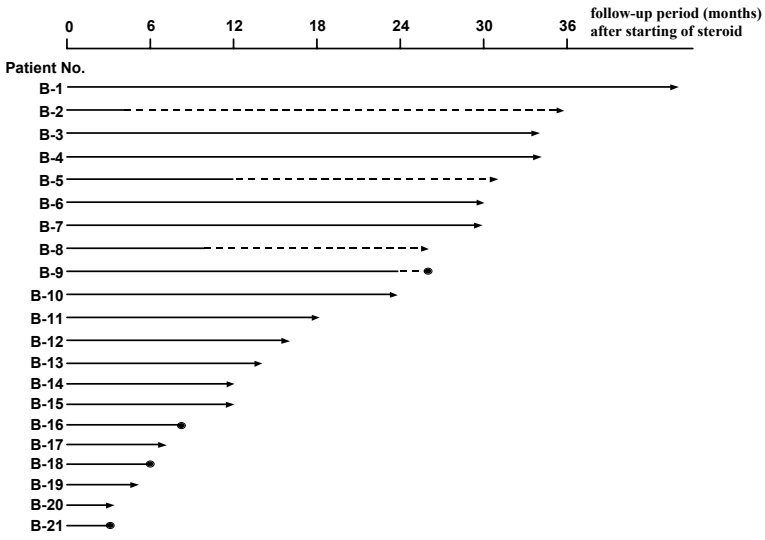

Figure. Prognosis after clinical remission in 21 patients of group B. ——●, relapsed during maintenance therapy; ----● , relapsed after the cessation of maintenance therapy; ——► , continued to be in clinical remission with maintenance therapy; ------► , continued to be in clinical remission after the cessation of maintenance therapy.