Diagnostic Methods Eyed in Chronic Pancreatitis

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LOS ANGELES — Endoscopic ultrasonography and magnetic resonance plus MRI-pancreatography are becoming preferred methods for helping clinicians diagnose chronic pancreatitis. But it's probably not necessary to use both of these imaging techniques, Dr. Julio Iglesias-Garcia reported at the annual Digestive Disease Week.

"There is a good correlation between endoscopic ultrasound and [magnetic resonance plus MRI-pancreatography] for the evaluation of patients with suspected chronic pancreatitis, also in the global evaluation of the diagnosis of the disease and also in the evaluation of both parenchymal and ductal characteristics," said Dr. Iglesias-Garcia of University Hospital of Santiago de Compostela, Spain. "Probably one of [these tests] would be enough for the evaluation of these patients." He based his remarks on a study of 26 consecutive patients evaluated for suspected chronic pancreatitis.

The mean age of patients was 48 years, and 14 were male.

Each patient underwent endoscopic ultrasonography (EUS) and magnetic resonance plus MRI-pancreatography (MRI-MRP), with the tests performed 2-7 days apart.

For EUS, chronic pancreatitis was defined as the presence of at least three parenchymal and ductal criteria. For MRI-MRP, chronic pancreatitis was defined as the presence of at least one parenchymal and one ductal change.

Dr. Iglesias-Garcia and his associates performed concordance and correlation studies between the two techniques.

The researchers found that both techniques diagnosed chronic pancreatitis in 17 patients (65.4%) and consistently excluded diagnosis of the disease in 4 patients (15.4%).

"EUS and MRI-MRP provided the same diagnosis in 21 patients (80.8%). The MRI-MRP finding was considered equivocal in the remaining five patients, three of them with normal EUS and two with EUS criteria. Diagnostic concordance was highly significant," the researchers wrote.

'There is a good correlation between endoscopic ultrasound and [MRI-MRP].'

DR. IGLESIAS-GARCIA

In another study presented at the meeting, Dr. Surakit Pungpapong and his colleagues found that combining EUS with a test for pancreatic juice interleukin 8 (IL-8) concentration is highly predictive of diagnosing chronic pancreatitis.

"To diagnose chronic pancreatitis, EUS and pancreatic juice collection for IL-8 concentration can be performed sequentially under the same sedation at the same time," said Dr. Pungpapong, an internist with the Mayo Clinic, Jacksonville, Fla.

"Both tests are complementary when used together, resulting in higher sensitivity and specificity."

Between January 2003 and December 2004, he and his associates enrolled 79 patients who presented to the pancreas clinic at Mayo Clinic Jacksonville with abdominal pain suggestive of chronic pancreatitis.

Each patient underwent EUS with radial and linear echoendoscopes as well as pancreatic juice collection for IL-8 concentration. (A level of 20 pg/mL indicated disease.)

Of the 79 patients, 38 were diagnosed with chronic pancreatitis, and the remaining 41 served as comparators. The mean age of patients found to have disease was 56 years, whereas the mean age of the comparators was 49 years.

The researchers found that EUS had an accuracy of 80%, a sensitivity of 71%, and a specificity of 88%, whereas the pancreatic juice IL-8 concentration marker had an accuracy of 71%, a sensitivity of 47%, and a specificity of 93%.

When Dr. Pungpapong and his associates combined the findings of the two tests, the sensitivity and specificity increased to 82% (either EUS or IL-8 positive) and 100% (both EUS and IL-8 positive), respectively.

He emphasized that a larger study is needed to confirm the findings. ■

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