

A Case of Non-alcoholic Chronic Pancreatitis Showing Characteristic Imaging Features

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Differentiation between chronic pancreatitis and pancreatic cancer is often difficult. Some special types of chronic pancreatitis such as 'non-alcoholic duct-destructive chronic pancreatitis' and 'chronic pancreatitis with diffuse irregular narrowing of the main pancreatic duct' seem to be pancreatic cancer, but show imaging features characterized by the absence of parenchymal atrophy, significant ductal dilatation proximal to the site of stenosis, and the absence of extrapancreatic spread. Recognition of these special types of chronic pancreatitis prior to a definite treatment is important to avoid an unnecessary pancreatic resection. Recently, we experienced a case of non- alcoholic chronic pancreatitis in a 80-year-old man presenting with obstructive jaundice. His radiologic features were similar to those of non-alcoholic duct-destructive chronic pancreatitis. Recognition of this special type of chronic pancreatitis prior to a definitive treatment enabled us to manage this patient optimally. (**Kor J Gastroenterol 2000;35:826 - 831**)

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3%가 ,
 4-5%가
 .34 가
 Whipple (INH
 300 mg, RFP 400 mg, EMB 600 mg)
 (US)
 가 2.2 × 2.2
 cm 가 (Fig. 1),
 (Non- (CT)
 alcoholic duct-destructive chronic pancreatitis)
 .56 (Fig. 2, 3). 4
 (ERCP)
 가 2 cm
 (Fig. 4).
 가 ,56 Sjögren ,
 가
 .56 MRI T1 T2
 80 가 가
 가
 1
 가
 13 2
 80 가 20
 10
 , 95 , 96 , 97
 , (7 kg/2)
 . 50 ,
 , 가 ,
 가
 10.7 g/dL, 20.5 mg/dL,
 18.1 mg/dL, AST 252 IU/L, ALT 342 IU/L,
 alkaline phosphatase 1130 IU/L, amylase 186 U/L,
 lipase 953 U/L CA 19-9 197.5 U/mL ,

(ANA)
 ,
 ,
 (INH
 300 mg, RFP 400 mg, EMB 600 mg)
 (US)
 가 2.2 × 2.2
 cm 가 (Fig. 1),
 (CT)
 (Fig. 2, 3). 4
 (ERCP)
 2 cm
 (Fig. 4).
 MRI T1 T2
 가 가
 가
 6
 9
 13 2

Fig. 1. An abdominal ultrasonographic finding on admission. An ill-defined 2.2 × 2.2 cm sized mass is delineated at the pancreatic head (arrowheads).