



# Autoimmune Pancreatitis Revealing Slowly Progressive Type 1 Diabetes: A Clinical Observation

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## Abstract

Autoimmune Pancreatitis (AIP) is a rare cause of chronic pancreatitis, accounting for approximately 2% of cases [1]. The association between Slowly Progressive Type 1 Diabetes (SPT1D) and AIP is poorly described in the literature [2]. We report the case of a patient presenting with concomitant AIP and type 1 diabetes, highlighting the possible involvement of a common autoimmune process affecting both the endocrine and exocrine pancreatic functions.

## Clinical Observation

A 47-year-old man with no significant past medical history was admitted to the emergency department for vomiting and epigastric pain, associated with cholestatic jaundice and pruritus, evolving in a context of weight loss and asthenia.

Biological investigations revealed severe diabetic ketoacidosis, elevated serum lipase levels, and a 25-mm hypodense tissue mass located in the head of the pancreas on abdominal computed tomography.

Pancreatic magnetic resonance imaging showed a typical “sausage-shaped” pancreas, suggestive of autoimmune pancreatitis, which was confirmed by endoscopic ultrasound and elevated serum IgG4 levels [1].

Autoimmune screening demonstrated the presence of positive anti-Glutamic Acid Decarboxylase (anti-GAD) antibodies, confirming the diagnosis of slowly progressive type 1 diabetes [3].

## Discussion

This rare association between autoimmune pancreatitis and type 1 diabetes suggests a shared autoimmune disturbance affecting both the endocrine and exocrine pancreatic compartments [2]. The presence of anti-GAD antibodies together with elevated IgG4 levels supports a common cell-mediated immune mechanism.

Exocrine pancreatic involvement related to AIP may mask or delay the diagnosis of type 1 diabetes, emphasizing the importance of systematic metabolic screening in patients presenting with autoimmune pancreatitis.

Furthermore, certain HLA alleles, particularly DRB10405 and DQB10401, appear to predispose individuals to the coexistence of these two autoimmune conditions [4].

## Conclusion

The coexistence of autoimmune pancreatitis and slowly progressive type 1 diabetes, although rare, deserves greater recognition to improve multidisciplinary management and anticipate potential complications. Early diagnosis relies on a targeted clinical, radiological, and immunological approach.

## References

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