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学位の種類	博士 (医学)
報告番号	甲第1393号
学位記番号	第998号
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授与年月日	平成 25年 7月 30日
学位論文の題名	Histological evaluation of obliterative phlebitis for the diagnosis of autoimmune pancreatitis (自己免疫性膵炎の診断における閉塞性静脈炎の組織学的評価)  J Gastroenterol, Published online before print May 4, 2013.
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**Objectives:** Obliterative phlebitis is one of the pathological criteria for the diagnosis of lymphoplasmacytic sclerosing pancreatitis (LPSP), or type 1 autoimmune pancreatitis. We aimed to evaluate histological findings of obliterative phlebitis, including the significance of adding Elastica van Gieson stain (EVG) in comparison with other pancreatic conditions.

**Design:** Specimens of LPSP (n=18), chronic pancreatitis (CP; n=24), and pancreatic ductal adenocarcinoma (PDA; n=45) were enrolled. Obliterative venous lesions (OVLs), defined as the presence of inflammatory cells and/or fibrosis inside the tunica adventitia, were counted and compared between hematoxylin and eosin stain (H&E) and EVG. OVLs were classified into three types: OVL-1, lymphoplasmacytic infiltration and fibrosis against a loose textured background; OVL-2, dense fibrosis with minimal or no lymphoplasmacytic infiltration; and OVL-3, densely packed lymphoplasmacytic infiltration without fibrosis. OVL type and OVL size were compared between disease groups.

**Results:** OVL counts in LPSP, CP, and PDA were significantly higher with EVG than with H&E ( $p<0.001$ ). OVL-1 was most common in LPSP (H&E, 92.4%; EVG, 79.8%), and was identified in almost all cases of LPSP, but was less common in

CP and PDA. Maximum diameter and OVL count in 1 cm<sup>2</sup> of OVL-1 were high for LPSP. Maximum diameter of OVL-1  $\geq 150$   $\mu\text{m}$  was observed in 17 of 18 LPSP cases (sensitivity, 94.4%; specificity, 98.6%).

**Conclusions:** Additional EVG is useful for further diagnosis of OVL. Particularly, the presence of OVL-1 with diameter  $\geq 150$   $\mu\text{m}$  is highly diagnostic for LPSP.