Autoimmune Neutropenia Associated with Autoimmune Pancreatitis

Shuzo Sato¹, Atushi Irisawa², Ai Sato¹, Goro Shibukawa¹, Rei Suzuki¹, Tadayuki Takagi¹, Tsunehiko Ikeda¹, Masaki Sato¹, Takuto Hikichi³, Katsutoshi Obara³, Hiromasa Ohira¹

¹Division of Medicine, Department of Gastroenterology and Rheumatology; ²Preparatory Office for Aizu Medical Center, Department of Gastroenterology; ³Department of Endoscopy; Fukushima Medical University Hospital. Fukushima, Japan

ABSTRACT

Context We report a rare case of autoimmune neutropenia associated with autoimmune pancreatitis. Case report A 61-year-old man was referred to our hospital with slight epigastralgia. He had been admitted to another hospital with exacerbation of diabetes and jaundice. Blood testings showed low WBC and neutrophil counts (1,800/μL and 3%, respectively), and elevated transaminase, biliary enzyme, amylase, and lipase levels. Serum IgG and IgG4 levels were elevated to 2,693 mg/dL and 454 mg/dL, respectively. Abdominal CT showed diffuse pancreatic swelling, and MCRP revealed diffuse narrowing of the main pancreatic duct and dilation of common bile duct. Further EUS-FNA was performed in our hospital. Laboratory data, imaging and histopathological findings confirmed the diagnosis of autoimmune pancreatitis. However, the low WBC count continued. For further investigation, bone marrow examination was performed, indicating a granulocyte maturation disorder. Moreover, anti-neutrophil antibodies were positive. Therefore, the patient was given a diagnosis of autoimmune neutropenia associated with autoimmune pancreatitis. After steroid therapy, anti-neutrophil antibodies disappeared, and WBC count became within normal limit. No recurrence of disease has been observed since then. Conclusion Autoimmune neutropenia can accompany in patients with autoimmune pancreatitis which is positive for anti-neutrophil antibodies.