Preface

Diagnosis and therapy of pancreatic diseases is still a gastroenterological challenge. This is the reason why the topic of the EAGE Postgraduate School in Gastroenterology 2010 in Prague was focused on this area.

It is not doubted that chronic inflammation plays an important role in carcinogenesis, as mentioned first by Virchow in the 19th century. Long-standing inflammation may play a role in promoting cancer growth, tissue invasion and metastasis. A possible causal relationship between reflux esophagitis and esophageal cancer, chronic gastritis and gastric cancer, inflammatory bowel disease and colonic cancer and between chronic pancreatitis and pancreatic cancer have been described. Because sufficient screening of pancreatic cancer is not available, the identification of risk factors and at-risk patients could be one important step in the diagnosis of early pancreatic cancer.

In the etiology of chronic pancreatitis, genetic factors play a critical role. Hereditary pancreatitis is an important risk factor for pancreatic cancer, but other genes, such as CFTR mutations or PRSS1, play important roles in the pathogenesis of chronic pancreatitis as well. It is well known that only 10% of heavy drinkers develop chronic pancreatitis and it is clear that other factors, together with alcohol, could induce fibrogenesis. It is here that the CFTR mutations could play their role.

During the last 10 years new classifications of chronic pancreatitis have been published, but they are still not fully accepted. The Mannheim classification is very precise, but it is a little complicated for clinical use. On the other hand, the TIGARO system is only an etiological classification.

The newest form of chronic pancreatitis – autoimmune pancreatitis – is a relatively rare form in Europe, but the low incidence of this disease could be partly a reflection of low levels of diagnostic activity by European pancreatologists. The correct diagnosis of autoimmune pancreatitis is extremely important because the first choice of therapy for autoimmune pancreatitis is steroids – not surgery. Differential diagnosis between autoimmune pancreatitis and pancreatic cancer is fundamental.

Currently, many diagnostic and therapeutic questions in pancreatology are awaiting correct answers, and I believe that the topic of the EAGE Postgraduate School in Gastroenterology 2010 – ‘Pancreatic diseases from A to Z’ – was a good choice.

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