A man in his sixth decade of life with a history of myasthenia gravis and antiphospholipid syndrome complicated by embolic strokes presented for evaluation of progressive jaundice and pruritus. Laboratory evaluation revealed marked hyperbilirubinemia and elevated lipase. Computed tomography imaging revealed a pancreatic head masslike lesion with a peripancreatic low-attenuation rim and dilation of the pancreatic and biliary ducts (Figure 1) as well as multifocal hypoenhancing lesions in the bilateral kidneys (Figure 2). He underwent an endoscopic ultrasound examination and biopsy of the pancreatic head lesion, which revealed benign, chronically inflamed pancreatic tissue with fibrosis and increased plasma cells, 40% of which were positive for IgG4. Serum IgG4 levels were likewise elevated. The patient was diagnosed with...
IgG4-related type 1 autoimmune pancreatitis, and prednisone was initiated. This case highlights IgG4-related disease as a rare but important cause of masses in the head of the pancreas, especially in those patients with concurrent autoimmune diseases or evidence of inflammation in other organs, both of which apply to the presented case. Obstructive jaundice is an increasingly recognized complication of IgG4-related disease due to either IgG4-related sclerosing cholangitis or obstruction of the biliary system by formation of a pancreatic pseudotumor as seen in our patient.1-3 IgG4-related disease tends to respond well to corticosteroids, and recognition of this entity is important to avoid unnecessary procedures such as pancreatic mass resection or biliary stent placement.4

Potential Competing Interests: The authors report no competing interests.

Correspondence: Address to Franklyn K. Wallace, MD, Internal Medicine, Mayo Clinic, Baldwin 4-301, 221 Fourth Ave SW, Rochester, MN 55905 (Wallace.Franklyn@mayo.edu; Twitter: @franklynwallac5).

ORCID
Franklyn K. Wallace: https://orcid.org/0000-0001-9784-6026


FIGURE 2. Wedge-shaped and striated hypoenhancing lesions in the kidneys (arrows).