Pancreatic diseases

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Pancreatic diseases are regarded rare. However, the incidence of acute pancreatitis varies substantially across Europe, with 5–50 cases per 100,000 inhabitants per year. In Austria, it is estimated at 20 cases. Chronic pancreatitis exhibits a prevalence of 40–70 cases per 100,000 inhabitants. Pancreatic cancer affects one out of 100 people in Austria. The mortality of acute pancreatitis depends on the type of disease: 80% are mild and the mortality is close to zero; one out of five is of the hemorrhagic-necrotizing type and 20–30% of these patients die from it. The mortality of pancreatic cancer strongly depends on the perspective: surgeons who rigorously select patients for surgery and mix ductal adenocarcinoma with cystadenocarcinoma, papillary cancer, and distal bile duct cancer in their statistics present 5-year survival rates of 20% in those resectable and up to 40% in patients of R0 and N0 categories. Epidemiologic studies, registers, and official statistics estimate that 5-year mortality is still close to 100%. This discrepancy can only be partly explained.

The complete separation of exocrine and endocrine pancreas—gastroenterology and diabetes—is also maintained here, but we have more and more hints that scientifically and maybe also clinically, this barrier has to be defeated. Etiologic research of pancreatic diseases

acknowledges the importance of lifestyle (alcohol, nicotine, and drugs) but increasingly recognizes genetic, embryologic, and autoimmune mechanisms as causative. The mutations PRSS1, SPINK1, CFTR, and CPA1 have been found to be responsible for chronic, otherwise idiopathic pancreatitis. Morphologic variations like pancreas divisum can be depicted with magnetic resonance cholangiopancreatography or endoscopic ultrasound. The increasing application and resolution of abdominal imaging lead to more incidental findings like cysts. From familial pedigrees risk estimations for cancer are derived. Screening and surveillance programs start to put together all these mosaic pieces into concepts for early recognition of cancer or its precursors. Their benefit is still unproven.

This main topic of *WMW* tries to view pancreatic diseases from the pathophysiologic perspective. It introduces new concepts of physiology and approaches the patient from their clinical symptoms.

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