What defines tropical pancreatitis?

We read with interest the article by Balakrishnan et al. in the Indian Journal of Gastroenterology.\(^1\)

The authors have provided a comprehensive review of the clinical picture and etiological cofactors of tropical chronic pancreatitis (TCP) in southern India, and describe the recently changing pattern of the disease (patients having a higher age of onset, living longer, and showing less malnutrition and endocrine insufficiency). The exact reason for this changed pattern remains unclear. Perhaps more important, it remains unclear what defines TCP. We agree, that it seems illogical to define TCP merely based on geographic distribution,\(^1\)\(^2\) as this may result in confounding idiopathic chronic pancreatitis (ICP) with TCP.

Adequate differentiation between alcoholic chronic pancreatitis (ACP) and TCP is difficult. Differentiating clinical and biochemical features of ACP and TCP were first described, when almost all TCP patients were strict teetotallers.\(^1\)\(^3\) Meanwhile two retrospective cohort studies reported that the percentage of patients with ACP rose in India from 2\% in 1984 to 33\% in 2004, strongly suggests that there is now widespread “social drinking” in India. Since there is no defined lower threshold for alcohol consumption for developing ACP,\(^4\)\(^5\) this will certainly have implications on the recognition of ACP patients in India. Therefore, we would like to suggest, that alcohol consumption (e.g., not only a history of alcohol abuse\(^6\)) should be part of the exclusion criteria for TCP, at least in scientific studies dealing with clinical, genetic and translational aspects of TCP.

Additionally, recent data demonstrate that “moderate drinking” may modify insulin sensitivity in otherwise healthy individuals.\(^7\)

We suggest that consensus criteria for classification of TCP need to be developed.

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References

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