Tropical pancreatitis is a form of idiopathic chronic pancreatitis seen in India and other tropical countries, characterized by abdominal pain, large intraductal calculi, and diabetes mellitus and steatorrhea in young, non-alcoholic subjects. The patients with tropical pancreatitis had unique clinical and epidemiological features different from that of alcoholic chronic pancreatitis. These patients typically had pain in childhood, diabetes in adolescence and death during prime of life. Recent reports suggest that the presentation is changing. The age of onset is older and the disease course seems to be milder. Overt steatorrhea is unusual except when exposed to dietary fat challenge. Diabetes is often controlled by oral anti-diabetics and rarely by diet alone, although most patients eventually do seem to need insulin. However unique features remain the strong propensity to develop diabetes mellitus (well before exocrine failure, and marked calcifications in a grossly dilated main pancreatic duct. A large nation-wide study showed that idiopathic chronic pancreatitis comprised nearly two-thirds of chronic pancreatitis in India. This indicates the need for a closer look at risk factors. While malnutrition and cassava consumption were traditional risk factors recent reports highlight the role of both genetic factors as well as environmental factors including micronutrient deficiency including zinc and folate deficiency. Tropical pancreatitis carries a higher risk for pancreatic cancer which often occurs at earlier age. Diabetes and smoking are risk factors associated with development of pancreatic cancer.

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