**High prevalence of pancreatic pathology detected by Abdominal imaging in people with diabetes**

**Aim**

Pancreatic exocrine pathology can be associated with diabetes and often not identified in routine assessment. People with diabetes may have no or minimal symptoms of pancreatic exocrine disease and typically do not undergo routine pancreatic imaging. Pancreatic imaging may have a role in diabetes management for identifying additional pancreatic pathologies, reclassifying diabetes type, and detecting concomitant pancreatic exocrine insufficiency. We aimed to investigate the prevalence of pancreatic pathology in people with diabetes undergoing pancreatic imaging.

**Methods**

A cohort of people with type 2 (T2D) and type 1 diabetes (T1D) managed in quaternary hospital diabetes clinics since 2020 were audited using an electronic medical record (Epic©) and the BioGrid Diabetes Database. These individuals were assessed to determine if they had undergone abdominal imaging and if there was any radiographic evidence of pancreatic pathology incidentally reported by a generalist radiologist.

**Results**

Pancreatic imaging was performed in for 505 of 1323 (39%) people with diabetes (scans in T2D n= 385, in T1D n =120) and computed tomography (CT) was the imaging modality in 85% of cases. Approximately half the pancreatic imaging scans were performed for investigation of gastrointestinal symptoms and the other half for non-gastrointestinal symptom indications. Radiographic evidence of pancreatic pathology was reported in 89 of 505 (18%) people with diabetes and more prevalent in people with T2D (n=61 or 12%) compared to T1D (n=28 or 6%). Overall the most frequent pancreatic pathologies were pancreatic atrophy (n=48, 9%), fatty infiltration (n=26, 5%) and chronic pancreatitis (n=18, 3%).

**Conclusion**

Radiographic evidence of pancreatic pathology was reported in almost one in five people with diabetes and was more prevalent in T2D. The most frequent pancreatic pathologies identified were atrophy, fatty infiltration and chronic pancreatitis. These findings might suggest a greater than appreciated interaction between exocrine and endocrine pancreatic pathology in diabetes.