Introduction

Autoimmunity is the failure of an organism to recognize its own constituent parts as *self*, which allows an immune response against its own cells and tissues. Any disease that results from such an aberrant immune response is termed an **autoimmune disease (Parham& Peter, 2005).**

The cause of autoimmune diseases is unknown, but it appears that there is an inherited predisposition in many cases. In a few types of autoimmune disease, a viral or bacterial infection trigger an immune response and the antibodies or T-cells attack normal cells because some part of their structure resembles a part of the infecting microorganism **(Davidson et al., 2001).**

Autoimmune hepatic and pancreatic diseases can be divided into:

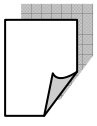
A) Autoimmune liver diseases (AILDs).

B) Autoimmune pancreatic diseases.

Autoimmune liver diseases are a group of immunologically induced hepatic damage that are either hepatocellular or cholestatic, they represent about5% of all liver diseases **(Hirschfield et al., 2009).**

The three major categories of AILDs are autoimmune hepatitis, primary biliary cirrhosis and primary sclerosing cholangitis. These diseases are usually chronic, slowly progressing inflammatory diseases that may have varying symptoms indifferent individuals.

Although these diseases are considered autoimmune in nature, the etiology and possible environmental triggers of each remain obscure.



The diagnosis of these diseases is based upon a constellation of clinical, serologic, and liver pathology findings. They are also generally treatable with medications and surgery specially if treatment is sought early in the progression of the disease **(Boberg et al., 1998).**

Other forms of AILDs include the overlap syndromes which are diseases with mixed immunological and histological patterns of two diseases; the common forms seen are PBC with features of AIH and biliary features suggestive of PSC in AIH **(Czaja, 1996).**

Autoimmune pancreatic diseases include autoimmune pancreatitis which has emerged recently as a peculiar type of pancreatitis with a presumed autoimmune etiology. It represents the pancreatic manifestations of a systemic fibroinflammatory disorder **(Kamisawa et al., 2003).**

Patients with AIP present with a wide variety of symptoms that may reflect different stages of the disease. However, obstructive jaundice is the most common presenting symptom **(Rainaet al., 2009).**

The diagnosis of AIP is clinically challenging. A set of diagnostic criteria has been established by several groups, most of which rely on combination of clinical presentation, imaging of the pancreas and other organs, serology, pancreatic histology and response to steroids to make the diagnosis **(Chari et al., 2009).**

AIP responds dramatically to steroid therapy but relapses are common after withdrawal of therapy **(Otsuki et al., 2008).**