

Clinical Image

Severe hypertriglyceridemia in pregnancy

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31 year old female presented with abdominal pain and respiratory distress in the third trimester of her second pregnancy. Her blood workup revealed a lipemic sample (Figure 1) due to markedly elevated serum triglycerides of 8178 mg/dl (Glycerol Phosphate Oxidase method).



Figure 1: Lipemic blood sample during routine workup.

Total cholesterol and Low Density Lipoprotein were elevated at 1701 mg/dl and 788 mg/dl respectively. There was no family history of lipid disorders. Diagnosis was consistent with gestational hypertriglyceridemia with acute pancreatitis (Serum Amylase-50 U/L, Serum Lipase- 96 U/L), though genetic tests to rule out pre-existing primary hypertriglyceridemia was not feasible. In view of the life threatening condition, she was initiated on Insulin-Dextrose infusion and offered one session of Plasma Exchange. Figures 2,3 depict membrane plasma separation with the obtained effluent as lipemic plasma. Her serum triglycerides showed a declining trend and was discharged in good health (serum triglycerides at discharge-651 mg/dl).

Acknowledgment

We acknowledge the support by intensive care team.

More Information

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Submitted: February 09, 2021

Approved: February 11, 2021

Published: February 12, 2021

How to cite this article: Muralidhara K, Dhareshwar S. Severe hypertriglyceridemia in pregnancy. Clin J Obstet Gynecol. 2021; 4: 019-019.

DOI: 10.29328/journal.cjog.1001080

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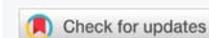


Figure 2: Membrane Plasma Exchange showing lipemic plasma in plasma filter.



Figure 3: Lipemic plasma collected as effluent after plasma exchange.