Introduction

- Hypertriglyceridemia is the third leading cause of pancreatitis
- Triglyceride levels are often >1,000 mg/dL
- General management: Aggressive fluid resuscitation and pain control
- Insulin drips and in severe cases plasmapheresis can rapidly reduce triglyceride levels

Hospital Course

- 28 yo healthy Nepali immigrant presented with severe diffuse abdominal pain and eruptive xanthoma
- Blood glucose level 743 and triglyceride level 20,141
- CT Abdomen confirmed acute pancreatitis
- Triglyceride levels continued to remain high despite being on regular insulin gtt hence, plasmapheresis was initiated to prevent end organ dysfunction
- After acute management, dietary counseling, pharmacotherapy with high intensity statin, fibrate, and fish oil were recommended.

Discussion

- Only small observation studies but no randomized clinical trials have been done on the use of plasmapheresis for severe hypertriglyceridemia induced pancreatitis.
- Currently there are no clear guidelines on when to use plasmapheresis for this condition
- Based on our case report, we recommend the use of plasmapheresis for acute pancreatitis secondary to significantly elevated triglyceride levels which are unresponsive to conventional therapy.

References