



Hypertriglyceridemia-Induced Acute Pancreatitis During Pregnancy: A Case Report

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Case Details

- 33 yo @ 31.4 WGA presenting with severe epigastric pain, triglycerides of 9294 and multiple metabolic derangements (Na, HCO₃⁻, Ca⁺⁺)
- Fetal distress (recurrent late decelerations)
- Aggressive rehydration, pain control
- Urgent Plasmapheresis
- Continued distress → expedited C-Section
- General vs Neuraxial?



Plasma sample removed during plasmapheresis

Conclusion/Take Home Points

- Decision to undergo urgent plasmapheresis
 - If significant fetal distress present, plasmapheresis may not acutely solve the problem
- Imperative to obtain stat labs just prior to OR
 - Pay close attention to coagulation labs, particularly INR
 - Anesthetic management may completely change
- Close follow up post-partum with endocrinology
 - Genetic panel and assessing risk for further pregnancies

