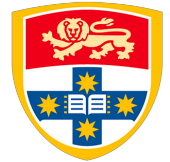




# A rare presentation of Gestational Hypertriglyceridemia – strawberry milkshake in the Delivery Ward



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## Background

There are physiological changes in the levels of phospholipids, cholesterol and triglycerides in pregnancy due to influences of sex hormones and increased insulin resistance. Normal changes rarely have sequelae.

Levels may increase pathologically due to underlying genetic or dietary factors causing severe gestational hypertriglyceridemia (HTG). Complications include acute pancreatitis, hyperviscosity syndrome and preeclampsia. These can result in premature delivery or fetal death in utero.<sup>1</sup>

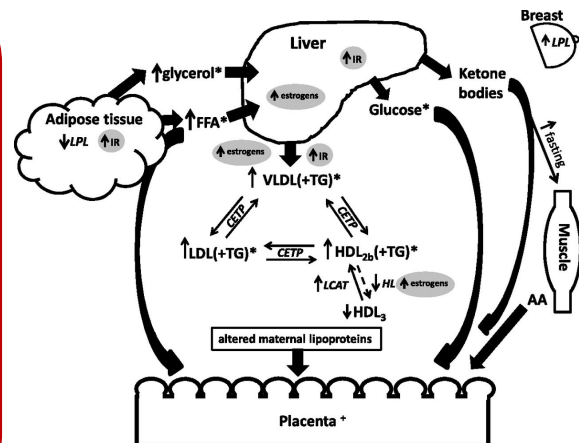


Figure 1: Physiological changes of lipids in pregnancy<sup>2</sup>

## Case Report

A 29 year old female G2P0 presented at 40 weeks gestation with decreased fetal movements for 1 week, pruritis and new papular skin lesions. She had an uncomplicated pregnancy and no past medical history. A bedside ultrasound scan showed oligohydramnios with AFI of 2cm. Labour was induced with amniotomy and Oxytocin. During delivery of the placenta, copious amounts of pink, frothy “strawberry milkshake” liquor was noted. Fasting maternal triglycerides were 41.7mmol/L. The patient was fasted, commenced on insulin and dextrose infusion and fish oil. Her papular lesions were later identified as eruptive xanthomas. Triglycerides were 6.3mmol/L at time of discharge.



Figure 2: ‘Strawberry Milkshake’ liquor following delivery

## Discussion

This is a rare case of gestational HTG diagnosed in the intrapartum and post partum period. It highlights the need for preconception workup of all patients planning pregnancy. Antenatal lipid profiling, especially in high risk individuals, should be considered to prevent the potentially lethal complications of gestational HTG and plan for timely delivery. Clinicians should be aware of signs and symptoms of gestational HTG and its complications. Multidisciplinary management is recommended .

## References

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