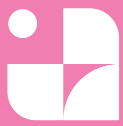
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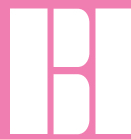
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A Rare Case of Acute Hypertriglyceridaemia-Induced Pancreatitis Diagnosed at Caesarean Section: Case Study and Report

Sarah Winter-Irving[1], Xiaoqian Wang[1], Supriya Kanitkar[1]
[1]Women and Childrens Health, St George Hospital, Kogarah NSW 2217

Introduction

Hypertriglyceridaemia-induced pancreatitis is a life-threatening condition characterised by epigastric abdominal pain, nausea, and vomiting. Occurrence in pregnancy is uncommon and there are a limited number of reported cases of it occurring at or near delivery.

Objectives

We report a rare case of hypertriglyceridaemia-induced pancreatitis occurring in a pregnant woman and diagnosed intra-operatively at caesarean section.

Figure 1. caesarean section operative field prior to closure of hysterotomy showing lipaemic blood and prurulent intra-abdominal fluid.
Figure 2. placenta with milky prurulent intra-abdominal fluid.

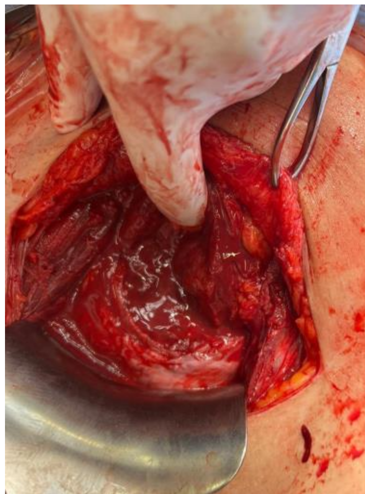
Figure 1

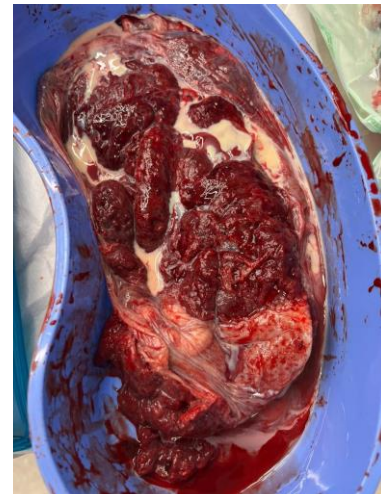
Figure 2

Case study

A 40 year old, gravida 2 para 1 woman at 39+0 weeks' gestation presented to the birth unit with vomiting, severe abdominal pain and regular uterine contractions. Obstetric history included one previous caesarean section. Her planned mode of delivery was elective repeat caesarean section which was scheduled at 39+3 weeks. Examination revealed a soft, tender abdomen with generalised peritonism. She underwent emergency caesarean section under spinal anaesthesia with delivery of a live male infant in good condition. Intra-operatively, she was observed to have lipaemic-appearing blood and abundant milky purulent fluid in the abdomen. Opinion was sought from our general surgical colleagues and following closure of the Pfannenstiel incision, a diagnostic laparoscopy was performed to exclude perforated viscous. Intra-operative findings from the laparoscopy included saponification of the lesser sac of the stomach, and a clinical diagnosis of acute hypertriglyceridaemia-induced pancreatitis was made. The diagnosis was confirmed biochemically with elevated lipase of 243U/L and triglycerides of 98.6mmol/L. Treatment was initiated with intravenous insulin-dextrose, oral statin, fenofibrate, omega 3 and a low fat diet, with a rapid decline in triglycerides to 7.9mmol/L within two days. Our patient made a complete recovery and was discharged from hospital 15 days after presentation.

Discussion & conclusion

This case illustrates the potential for hypertriglyceridaemia-induced pancreatitis to occur in pregnant women. It is a rare condition in pregnancy however it can be associated with significant morbidity and mortality. Therefore, early recognition and a multidisciplinary team approach are warranted to decrease potential risks for mother and baby.

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