

Hypertriglyceridemia-Induced Acute Pancreatitis During Pregnancy: Editorial Comment

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Received: 06.04.2018

Accepted: 06.04.2018

Available online: 10.04.2018

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An editorial commentary entitled

"Hypertriglyceridemia-Induced Acute Pan-
creatitis During Pregnancy" and attributed
to the article numbered

DOI: [10.5336/gynobstet.2015-48356](https://doi.org/10.5336/gynobstet.2015-48356)

Keywords: Pancreatitis;
hypertriglyceridemia; pre-eclampsia;
pregnancy

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Acute pancreatitis is encountered in approximately 3/10000 pregnancies. Most common predisposing factors are gall-stone disease and hypertriglyceridemia. Lipid and lipoprotein levels are increased during pregnancy especially in the third trimester up to three fold. Thus, triglyceride levels may increase up to 300 mg/dL but not more than that in a normal pregnancy. Levels between 750-1000 mg/dL may induce an acute pancreatitis. Alcohol abuse and cystic fibrosis are other rare causes.

The disease may be mild to severe. Midepigastic pain is the most common symptom. High serum amylase, lipase and triglyceride levels as well as low calcium levels are suggestive laboratory findings of acute pancreatitis. Perinatal and/or maternal mortality rates have been significantly decreased in time, with improving diagnostic and therapeutic modalities. Medical management includes intravenous fluids, bowel rest with total parenteral nutrition or diet with restricted fat, analgesics and antibiotics. Management of the underlying cause is required as well. Cholecystectomy may be performed ideally in the second trimester even by laparoscopy. When hypertriglyceridemia is the cause, lipoprotein apheresis or plasmapheresis may be used to lower the serum levels.