

Severe Hypertriglyceridemia Requiring Therapeutic Plasma Exchange

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Case Description

A 35 year old male presented with sudden onset epigastric pain associated with vomiting. He was not on any regular medications, drank alcohol socially, and had no significant past medical history. Bloods drawn were unable to be processed due to lipemic interference, and when left to stand, plasma from the patient's blood gave a milky appearance (Figure 1). Repeated samples of blood eventually revealed a triglyceride level of 79.1 mmol/L (reference interval <2.3 mmol/L). A computerized tomography scan of his abdomen confirmed severe necrotising pancreatitis, that was secondary to severe hypertriglyceridaemia [1].



Figure 1: Milky appearance of plasma from patient blood

Therapeutic plasma exchange was commenced. Although hypertriglyceridemia is an uncommon indication for plasma exchange, it is effective in reducing triglyceride levels quickly. In this case, triglyceride levels dropped to 5.8 mmol/L after 1 session of plasma exchange. The plasma waste after the first session is shown in Figure 2, and the patient required 2 sessions of plasma exchange to achieve a stable triglyceride level of 3.0-3.5 mmol/L [2]. Plasma waste after the second session had reduced lipid content as shown in Figure 3.



Figure 2: The plasma waste after the first session of therapeutic plasma exchange

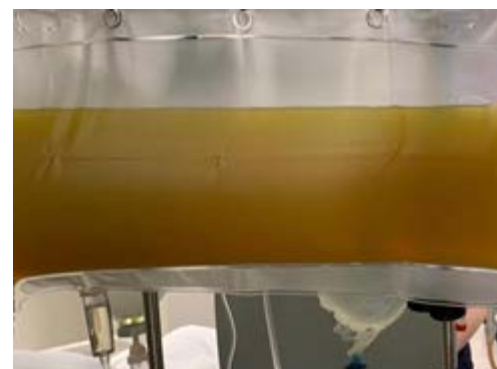


Figure 3: Reduced lipid content of the plasma waste after the second session of therapeutic plasma exchange

References

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Citation: Michaela C (2022) Severe hypertriglyceridemia requiring therapeutic plasma exchange. *J Gastrointest Dig Syst* 12:701

Received: 09-August-2022, Manuscript No. JGDS-22-71335; **Editor assigned:** 11-August-2022, PreQC No. JGDS-22-71335 (PQ); **Reviewed:** 25-August-2022, QC No. JGDS-22-71335; **Revised:** 30-August-2022, Manuscript No. JGDS-22-71335 (R); **Published:** 06-September-2022, **DOI:** 10.4172/2168-9717.1000701

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