

Acute Pancreatitis in Pregnancy: A Case of Hypertriglyceridemia-Induced Complications at 34 weeks Gestation

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Introduction

Acute pancreatitis in pregnancy (APIP) is a rare but potentially life-threatening condition that poses significant risks to both mother and fetus. Diagnosing APIP is challenging, as acute abdominal pain during pregnancy may mimic other conditions such as labor onset, obstetric emergencies, or various medical and surgical causes of acute abdomen.

Case Presentation

A 33-year-old multiparous woman at 34 weeks of gestation presented with two-day history of severe, localized epigastric pain. She reported no vomiting, diarrhea, fever, contraction pain, or vaginal bleeding. The patient had a history of hypertriglyceridemia but was not on treatment. Examination revealed a hemodynamically stable but tachycardic patient in significant pain, febrile, and dehydrated. Abdominal examination showed epigastric tenderness and a gravid uterus, with no signs of labor. Bedside ultrasound confirmed fetal heart activity and the absence of intraabdominal free fluid. Her blood samples appeared lipemic, prompting a serum amylase test, which was elevated (702 IU/L). Blood tests confirmed significant hypertriglyceridemia. Abdominal ultrasound findings supported a diagnosis of acute pancreatitis. She was admitted to the intensive care unit and treated for hypertriglyceridemia-induced APIP with fenofibrate, fluids, and analgesics. The patient delivered a healthy infant vaginally the next day.

Discussion

APIP is commonly triggered by gallstones, alcohol, or hypertriglyceridemia, typically during the third trimester or early postpartum. **Hypertriglyceridemia** is an independent marker of poor prognosis in APIP. In this case, the lipemic blood sample provided a *critical clue*, prompting the workup of APIP. Plasma triglyceride levels naturally rise during pregnancy due to hormonal changes, usually remaining well-tolerated but potentially reaching severe levels in high-risk individuals. A diagnostic pitfall of APIP is that it may precipitate labor, with pain potentially mistaken for labor-associated discomfort. If unrecognized or poorly managed, APIP increases maternal and fetal mortality.

Conclusion

Careful differentiation and heightened clinical suspicion are essential when evaluating acute abdominal pain in late pregnancy to avoid missing rare but critical diagnoses like APIP. A history of hypertriglyceridemia or lipemic blood samples can offer vital diagnostic clues.



References

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