

# A RARE CASE OF LACTESCENT SERUM-INDUCED ACUTE PANCREATITIS

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## INTRODUCTION

Hypertriglyceridemia (HTG) is the third most common cause of acute pancreatitis (AP). The presence of lactescent serum is a sign of severe hypertriglyceridemia, and it is strongly indicative of it being the cause in patients presenting with AP, especially when the triglyceride level is  $> 11.3\text{mmol/L}$ .

## CASE REPORT

A 37-year-old lady presented to a rural hospital with sudden onset of severe epigastric and left hypochondriac region pain associated with multiple episodes of vomiting. She was referred to a tertiary hospital for further intervention. In Emergency Department (ED) of the tertiary hospital, abdominal examination revealed localized tenderness and guarding over the left hypochondriac region and hemodynamically stable. Milky serum was observed during blood-taking procedure (Figure 1). Investigation showed serum amylase level was  $131\text{U/L}$  and serum triglyceride (TG) level was  $19.7\text{mmol/L}$ . An abdominal CECT scan revealed acute interstitial pancreatitis with lymphadenopathies. Her pain was controlled with regular doses of analgesics and started on diet modification, antilipidemic agent, and insulin infusion. Her serum TG decreased to  $5.6\text{mmol/L}$ , and she was discharged home after 5 days of admission. Patient was discharged with statin, fenofibrate, and omacor; and reviewed under gastroenterology clinic.



Figure 1:  
Milky serum

## DISCUSSION

The pathophysiology of HTG-induced pancreatitis (HTGP) remained unclear; it is believed that byproduct of TG-rich lipoprotein breakdown by pancreatic lipase, free fatty acids, and lysophosphatidylcholine induce pancreatic damage leads to pancreatitis. Acute pancreatitis should not be excluded even if the amylase level is normal, as several cases reported for normal amylase levels in HTGP. Initial treatment of AP is similar regardless of the etiology which includes bowel rest, hyperhydration, and pain control. Insulin can stimulate the release of lipoprotein lipase which hydrolyzes triglyceride, helping in reducing triglyceride levels. Risk stratification based on the severity of AP using APACHE or Balthazar should be performed to determine appropriate management and admission.

## CONCLUSION

Lactescent serum should raise a high degree of suspicion for HTGP. Early recognition, diagnosis, and treatment are essential to improve the outcome. Bowel rest, aggressive fluid resuscitation, and analgesia are the key to success. Complications should be closely monitored and if necessary, patient should be directed to the intensive care unit.

## REFERENCES

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