Image article

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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 signi cant past medical history. Bloods drawn were unable to be processed due to lipemic interference, and when le 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 con rmed severe necrotising pancreatitis, that was secondary to severe hypertriglycaemidemia [1].

Figure 1: Milky appearance of plasma from patient blood

erapeutic plasma exchange was commenced. Although hypertriglyceridemia is an uncommon indication for plasma exchange, it is e ective in reducing triglyceride levels quickly. In this case, triglyceride