

A dermatologic presentation of pancreatitis

Brian Wessman

A 40-year-old adopted obese Caucasian male with a past medical history of type 2 diabetes, hypertension, and seizures presented to an Emergency Department with a one-day history of sharp epigastric pain accompanied by nausea and emesis. Dermatologic examination of his arms (**Figure A**) and legs (**Figure B**) was consistent with widespread cutaneous xanthomas secondary to hypertriglyceridemia. Venous and arterial (**Figure C**) blood samples appearing lipemic were obtained. His lipase level was 1,470 U/L and his triglyceride level was 13,563 mg/dL. CT imaging (**Figures D** and **E**) was consistent with necrotizing pancreatitis. He required admission to the Intensive Care Unit (ICU) for resuscitation, bowel rest, and supportive care. He underwent emergent plasmapheresis with the goal of triglyceride reduction. (1) Hypertriglyceridemia is the third most common cause of pancreatitis (after alcohol abuse and gallstones) and is usually seen with triglyceride levels greater than 1000 mg/dL. (2) Patients may have a genetic predisposition such as type V hyperlipidemia and/or may have coexisting secondary causes of hypertriglyceridemia such as alcohol abuse, poorly controlled diabetes, obesity or rapid weight gain, hypothy-

roidism, uremia, nephritic syndrome, or third trimester pregnancy. (2) Management strategies include supportive care, early initiation of lipid lowering agents, tight glycemic control, plasma exchange, plasmapheresis, and the use of heparin and insulin to stimulate lipoprotein lipase and chylomicron degradation (although data is limited for all of these strategies). (3) The patient's prolonged ICU course was complicated by abdominal compartment syndrome, respiratory failure requiring tracheostomy, renal failure requiring renal replacement therapy (limiting the ability to use fibrates), and a partial pancreatic necrosectomy.

Reference

1. Ewald N, Kloer HU. Treatment options for severe hypertriglyceridemia (SHTG): the role of apheresis. *Clin Res Cardiol Suppl* 2012;7: 31-5.
2. Whitcomb DC. Clinical practise. Acute pancreatitis. *N Engl J Med* 2006;354:2142-50.
3. Poonuru S, Pathak SR, Vats HS, Pathak RD. Rapid Reduction of Severely Elevated Serum Triglycerides with Insulin Infusion, Gemfibrozil, and Niacin. *Clin Med Res* 2011;9:38-41.

From Washington University in St. Louis, School of Medicine (Brian Wessman).

Address for correspondence:

Brian Wessman, MD, FACEP
 Washington University in St. Louis, School of Medicine
 660 South Euclid Ave
 Campus Box #8054
 St. Louis, MO 63110, USA
 Tel: 314-747-3581 (work), 314-424-8094 (pager)
 Fax: 314-747-1710
 Email: wessmanb@anest.wustl.edu

Figure A-E

