

中文題目：血漿置換術可有效治療高三酸甘油血症引起之急性壞死性胰臟炎
英文題目：Successful Management of Necrotizing Pancreatitis, Hypertriglyceridemia related by Plasma Exchange - A Case Report

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Introduction

Among several causes that induce acute pancreatitis, hypertriglyceridemia-induced pancreatitis(HTIP) may present with more severe clinical course. Management of pancreatitis may vary from supportive medical treatment to invasive surgical intervention depending on severity. Here, we present dramatic improvement of olanzapine induced hypertriglyceridemia related necrotizing pancreatitis with therapeutic plasma exchange.

Case presentation

A 32-year old man developed hypertriglyceridemia, hypercholesterolemia, diabetes mellitus and, ultimately, acute pancreatitis after 12 months of olanzapine therapy for underlying schizophrenia. Due to multiorgan failure, he was treated in intensive care unit and rapid recovery within short duration of one week post intensive plasma exchange for 2 times (rapid reduction of triglyceride level from 3409 mg/dl to 399 mg/dl). Olanzapine was discontinued and no recurrent of pancreatitis noted

Discussion

No clear evidence that severe hypertriglyceridemia will develop pancreatitis and little is known in literature about the association between acute pancreatitis and hypertriglyceridemia. HTIP is a rare but well known clinical condition and sometimes life threatening if associate with organ failure. There is no exact treatment guideline for HTIP. Apart from supportive management, apheresis seems to be an alternative effective safe therapy for HTIP; American Society for Apheresis(ASFA) recommendation (category III, grade 2C). Timing of apheresis for severe HTIP with organ failure is still not clear but some study showed the earlier the beginning of apheresis, the better the result.

Conclusions

Therapeutic plasma exchange may be one potential treatment option for effectively lowering plasma triglyceride within short duration and possibly decreasing morbidity and mortality, practical and cost effective by decreasing length of hospital stay but need further randomized clinical trials to compare conventional treatment vs.

plasmapheresis in patient with severe HTIP.