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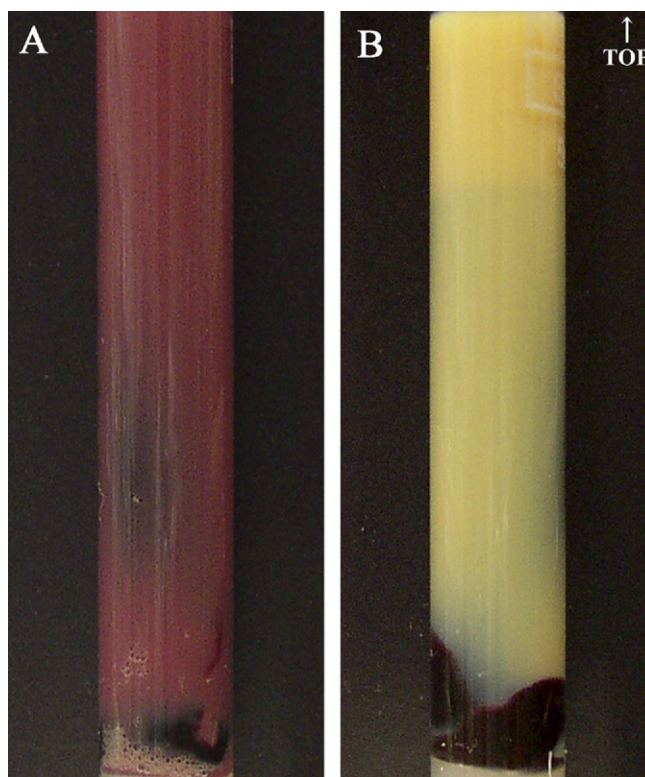


Figure. A, The patient's blood appears dark and lipidemic. B, The sample eventually separated, spontaneously, into a clot and thick lactescent serum without differential centrifugation. Used with permission of Koji Nishijima, MD, Department of Obstetrics and Gynecology, University of Fukui, Fukui, Japan.

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A 39-year-old pregnant woman at 24 weeks' gestation, with a 3-day history of persistent severe gastric pain, was referred to our facility for suspected acute gastric ulcer. No abnormalities of the esophagus, stomach, or duodenum were detected by upper endoscopy. While blood was being drawn, the sample was noted to be dark and lipidemic (Figure, A). The blood sample separated into a clot and thick lactescent serum without differential centrifugation (Figure, B).

*For the diagnosis and teaching points, see page 490.
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ment in this issue for examples of specific conflicts covered by this statement.

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DIAGNOSIS:

Hypertriglyceridemia-induced pancreatitis. Laboratory tests confirmed hypertriglyceridemia (66.6 mmol/L), hypercholesterolemia (total 1,104 mmol/L), and hyperamylasemia (471 IU/L). Computed tomography revealed fluid over the swollen pancreatic head. A diagnosis of hypertriglyceridemia-induced pancreatitis was made. Although emergency cesarean section was conducted, a female infant died soon after birth. Acute pancreatitis is a well-known complication of hypertriglyceridemia, which might be primary in origin or a result of pregnancy, diabetes mellitus, alcohol abuse, or use of drugs.¹⁻⁵ Delayed diagnosis of hypertriglyceridemia-induced pancreatitis can result in maternal or fetal mortality.¹⁻⁵

We were later informed by a nurse from the referring hospital that the patient's blood had been remarkably lipidemic 3 days before the current admission. We regret not having made an accurate diagnosis of hypertriglyceridemia-induced pancreatitis in the initial stage, despite the characteristic blood appearance that might have suggested this serious disorder. The appearance of blood samples from patients should be examined carefully, especially in pregnant women complaining of severe gastric pain. Blood chemistry tests and abdominal imaging should then be performed when hypertriglyceridemia-induced pancreatitis is suspected.

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