

CRITICAL ROLE OF DIETARY CONTROL IN MANAGING HYPERTRIGLYCERIDEMIA-INDUCED PANCREATITIS

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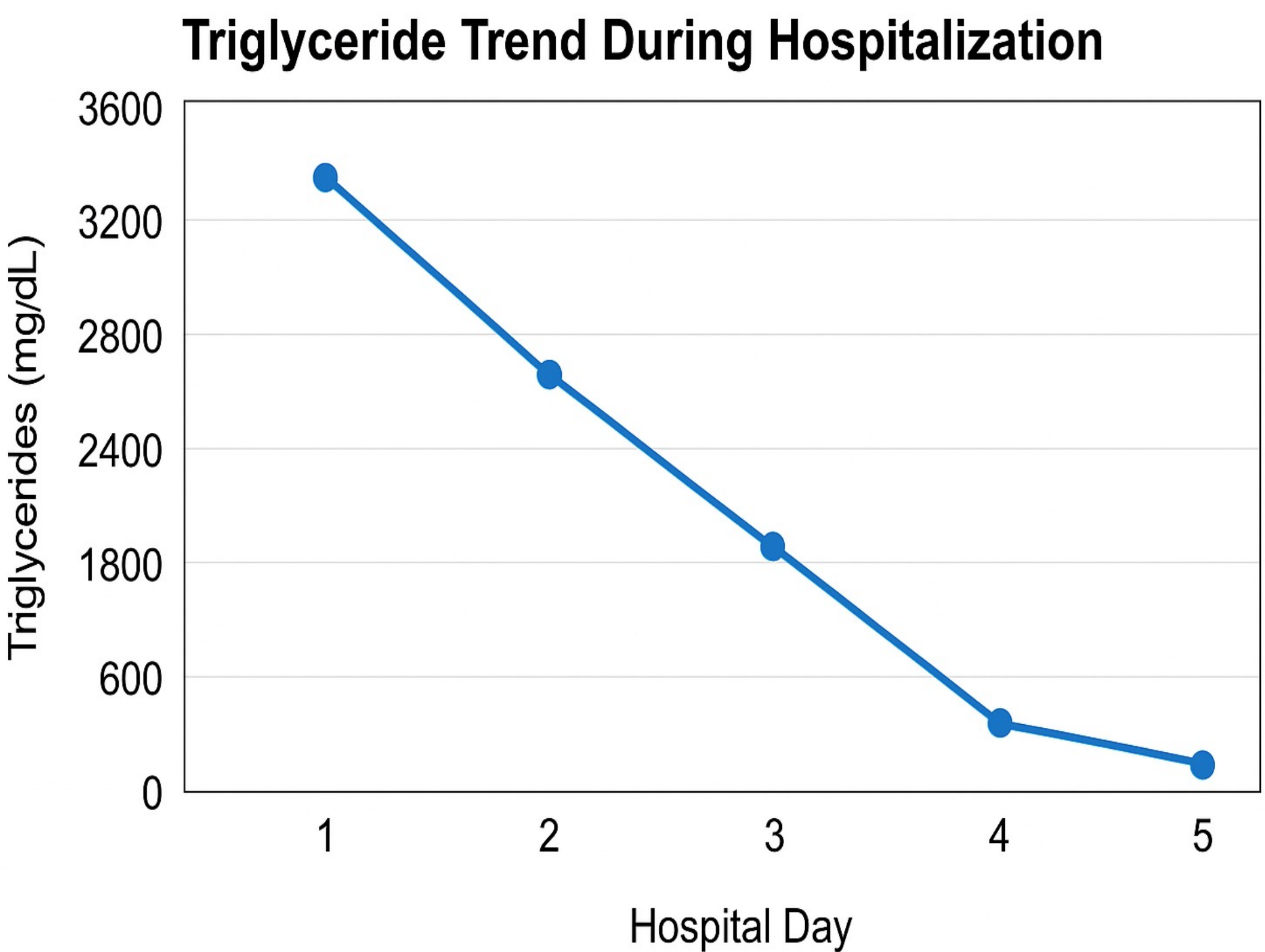
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INTRODUCTION

- Hypertriglyceridemia-induced pancreatitis (HTGP) accounts for 2–4% of acute pancreatitis (AP) cases.
- Triglyceride (TG) levels >1000 mg/dL are strongly associated with AP onset.
- Management focuses on TG reduction via medical therapy and lifestyle modifications.

CASE PRESENTATION

- A 40-year-old man with poorly controlled hypertriglyceridemia (TG 3754 mg/dL) and hypercholesterolemia presented with worsening epigastric pain.
- **Labs:** TG 2721 mg/dL, cholesterol 606 mg/dL, lipase 613 U/L. CT showed hepatic steatosis and AP.
- **Initial treatment:** IV fluids, insulin drip 0.1 units/kg/hr, dextrose infusion, niacin, rosuvastatin, gemfibrozil.
- Despite treatment, TG levels remained elevated (~1800 mg/dL).
- Dietary non-compliance was identified (consuming fatty foods).
- After strict low-fat dietary adherence, TG dropped to <1000 mg/dL within 2 days.



DISCUSSION

- Insulin infusion promotes lipoprotein lipase activity to rapidly lower TG but requires glucose monitoring.
- Oral fibrates are first-line maintenance therapy once oral intake resumes.
- Diet non-compliance can significantly undermine treatment efficacy, highlighting the need for early dietary intervention alongside pharmacotherapy.
- Long-term strategies include low saturated fat diet, weight management, alcohol cessation, and glycemic control.

Diagnosis: Hypertriglyceridemia-induced Pancreatitis (HTGP)

Initiate Insulin Drip + IV Fluids

Monitor Glucose and Triglyceride Levels

Identify Dietary Non-compliance

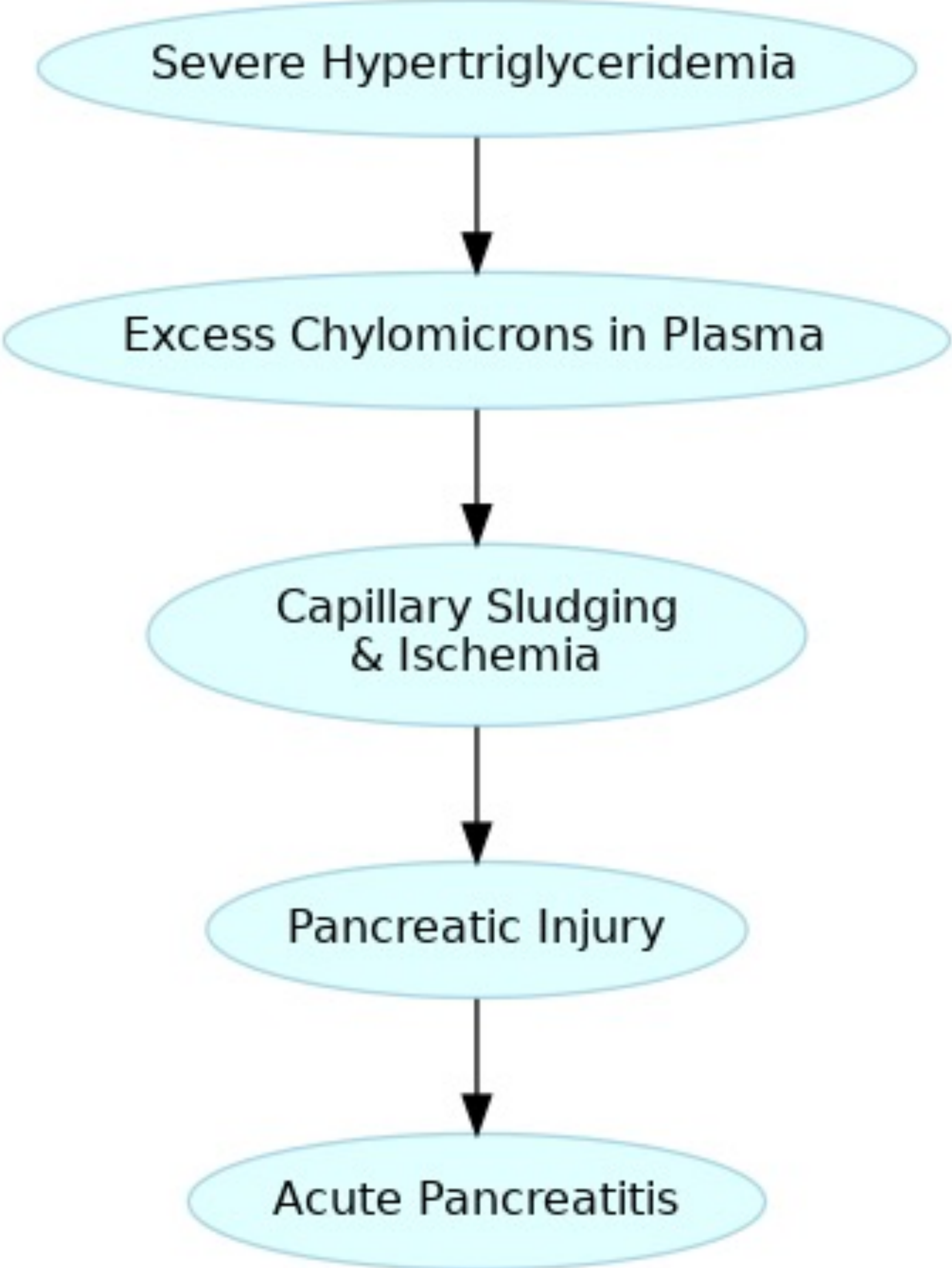
Enforce Strict Low-Fat Diet

TG <1000 mg/dL Achieved

Initiate Oral Fibrate Therapy (Maintenance)

CONCLUSION

- Effective HTGP management requires rapid TG lowering, careful glucose monitoring, and early emphasis on dietary compliance.
- Addressing diet is as crucial as pharmacologic interventions to prevent recurrence and achieve sustained control.



KEY TAKE-AWAY



“Dietary adherence can be the turning point in managing severe hypertriglyceridemia”