THERAPEUTIC PLASMAPHERESIS IN HYPERTRIGLYCERIDEMIA-INDUCED PANCREATITIS: TEN YEAR EXPERIENCE OF AN INTENSIVE CARE UNIT

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A retrospective study of 19 patients with severe hypertriglyceridemia-induced pancreatitis treated with plasmapheresis found effective triglyceride reduction with low complication rates, though clinical outcome benefit remains uncertain without comparison to standard treatment.

KEY POINTS

- In 19 ICU patients with severe hypertriglyceridemia-induced pancreatitis (triglyceride levels 1225 to 4700 mg/dL at admission), plasmapheresis reduced triglycerides by an average of 67% per treatment and 74% with the first treatment.
- 68% of patients required only one plasmapheresis session to reduce triglycerides below 500 mg/dL, 26% required two sessions, and 5% required four sessions.
- Procedure-related complications were uncommon: no hemorrhagic events occurred despite heparin anticoagulation, hypotension occurred in 7% of procedures and resolved with crystalloids, and no interruptions were due to patient complications.
- Hospital mortality was 5% (one patient), mean ICU stay was 7 days, and mean hospital stay was 17 days, though the authors note that without comparison to standard treatment the impact on clinical outcomes remains uncertain.
- This observational study of predominantly male, obese patients (mean age 41 years, mean BMI 29 kg/m^2) suggests the need for prospective randomized trials to establish the role of plasmapheresis in hypertriglyceridemia-induced pancreatitis management.

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