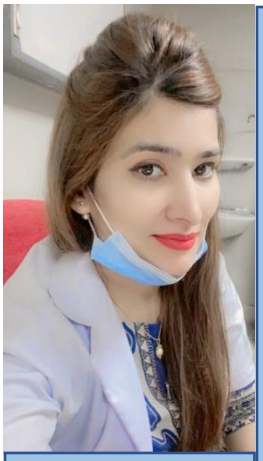
Enigma of Gestational hypertriglyceridemia – A Case of Pink Blood Conundrum

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Biography:

Dr. Sana Danish is a Consultant Gynecologist currently engaged in Shaikh Zayed Hospital, Lahore doing practice in Gynecology and Obstetrics. She is in line to give MRCOG part 3 soon. She has sheer interest in Obstetrics including pre-pregnancy counselling of high-risk patients, Antenatal Management and Labor and delivery. She has done quite difficult Cesarean sections during her practice including Placenta Previa Spectrum, Myomectomy and Cystectomy during Cesarean, B-lynch to minimize Postpartum Hemorrhage which is one of the largest causes of maternal mortality in developing countries and so on.

Besides that, she has keen interest in research and surveys to explore new facts and figures regarding Obstetrics and has currently published a study in International Journal on one of the unique pregnancy presentations.

Abstract: Gestational hypertriglyceridemia although a rare disease, causes sequential derangement in lipid profile affecting pregnancy. This case report accounts for a young lady who developed gestational hypertriglyceridemia due to presumptive obesity and diabetes leading to acute pancreatitis during pregnancy, accidental finding of pink blood during surgery, and eventually successful fetomaternal outcome afterwards.

Case Report: This case belongs to 24 years old G2P1A0, obese, diabetic, hypertensive pregnant female with BMI 34.4 who underwent planned elective cesarean section due to Fetal Growth restriction at 37 weeks of gestation and delivered a baby boy of 2.2 kg with good APGARS. Intraoperatively, incidentally blood was noted to be turbid and pink in color with thick viscosity. Serum Sample was sent immediately to asses lipid fractions which turned out to be as follows : Serum Cholesterol: 844mg/dl, serum Triglycerides : 1350mg/dl , Serum HDL : 291mg/dl, Serum LDL : 260 mg/dl, vLDL: 267 mg/dl. This female was diabetic previously when she got pregnant and was already commenced on tablet metformin 500mg TDS with HBA1c 4.9mmol/l. She also had hypertension for which she was taking tablet methyldopa since start of the pregnancy. She deferred any history of such pink blood in her previous pregnancy and delivery which was done from another hospital. She presented at 24 weeks of gestation with acute pancreatitis which was thereafter diagnosed clinically , ultrasonographically and laboratory raised lipase levels . She was managed conservatively with multidisciplinary approach in intensive care unit. Her lipid profile at that time was as follows : Serum Cholesterol:

282mg/dl, serum Triglycerides : 1272mg/dl , Serum HDL : 18mg/dl, Serum LDL : 4 mg/dl, vLDL: 252 mg/dl. However, samples taken were normal at that time . Dietary and lifestyle modification was advised along with anticoagulants in the form of LMWH . Afterwards patient had routine antenatal checkups with obstetrician and followed for any complications. Eventually, she developed pre eclampsia with proteinuria and Fetal growth restriction on Doppler scan. Feto-maternal monitoring was continued antenatally . She underwent planned cesarean section @ 37 weeks gestation. During surgery, blood was noticed to be turbid pink and viscous. Diagnosis of gestational hypertriglyceridemia was made on the basis of her lipid profile as previously there was no such history of pink blood. Patient had hypertriglyceridemia during pregnancy whose levels rose sequentially. She was commenced on statins with advice on dietary modifications post operatively. Post natally, she was followed with lipid profile which turned out to be normal. She deferred any similar case in her family.

Importance Of Research:

Gestational hypertriglyceridemia is a rare entity. It is a well-recognized fact that pregnancy induces changes in lipid fractions and their level rises. There is 2-to-4-fold rise in plasma triglycerides. Usually, these changes barely cause any significant symptoms unless the levels rise above the 95th centile. We, hereby present a case of 24 years old obese, diabetic pregnant female with incidental finding of hypertriglyceridemia. Informed consent was taken from the patient.

Hypertriglyceridemia has adverse effects during pregnancy. Although currently, lipid fraction is not measured in pregnancy routinely. High risk patients must be screened on booking for risk of developing Hypertriglyceridemia later in pregnancy so that complications can be avoided.

About University:

Dr. Sana Danish is currently doing practice in Shaikh Zayed Hospital, Lahore where currently Complicated obstetric and gynecology surgeries are done to combat high risk cases including Clearance Surgeries for malignancies, extensive surgeries for Endometriosis, Complicated high risk pregnancy management.

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