Hypertriglyceridemia as a complication of severe ketoacidosis in newly diagnosed diabetes - a case report

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INTRODUCTION

In diabetes type 1, the lack of insulin, as a consequence of damage the pancreatic beta cells, can cause many biochemical complications, including hypertriglyceridemia. Hypertriglyceridemia> 500mg / dl increases the risk of acute pancreatitis which, in combination with ketoacidosis, worsens the prognosis of patients.

A CASE REPORT

A 9 year oldpatient was admitted to Department due to severe ketoacidosis in newly diagnosed diabetes.

For about 2 months he had been having diabetes symptoms , polydipsia, polyuria, nycturia and bed wetting every few days for 5 month before diagnosis. He also reported weight loss 3 kg during the last 5 months.

Family history regarding dylipidemic disorders was negative.

On admission patient was in the fair condition with symptoms of dehydration .

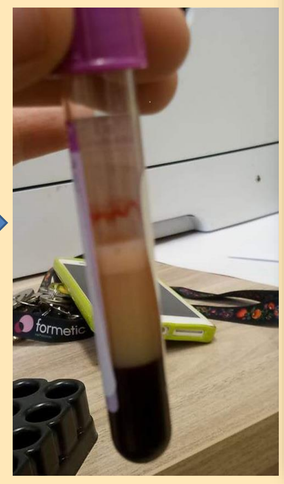
Patient did not complain about abdominal pain

LABORATORY TESTS

pH	7,198	
BE	-19,5	
glucose	458 mg/dl	
HbA1c	15%	N<6,5%
Total Chol.	254 mg/dl	<199
LDL	92 mg/dl	<130
HDL	6 mg/dl	>45
TG	**13089 mg/dl**	<150
lipase	**108 U/l**	N 8-78
25OHD	11,6	
CRP	13,68	N<5

COLD FLOTATION TEST

+4°C



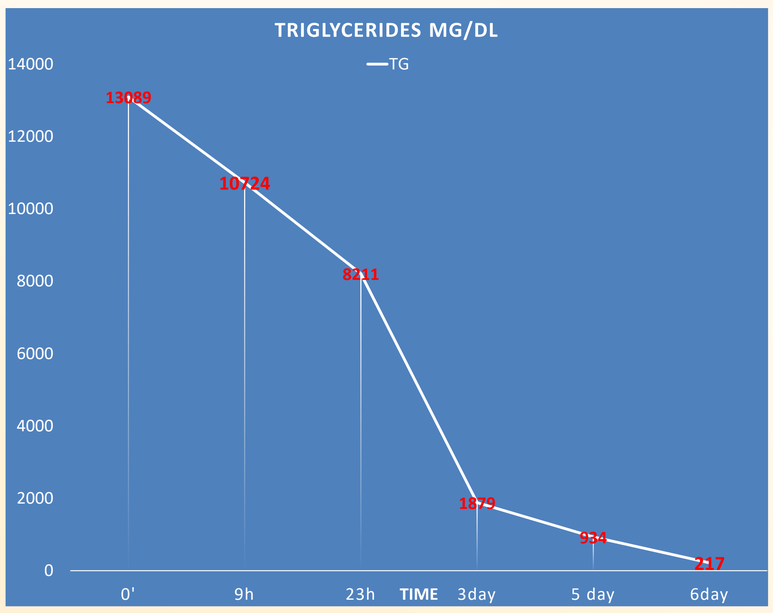
USG

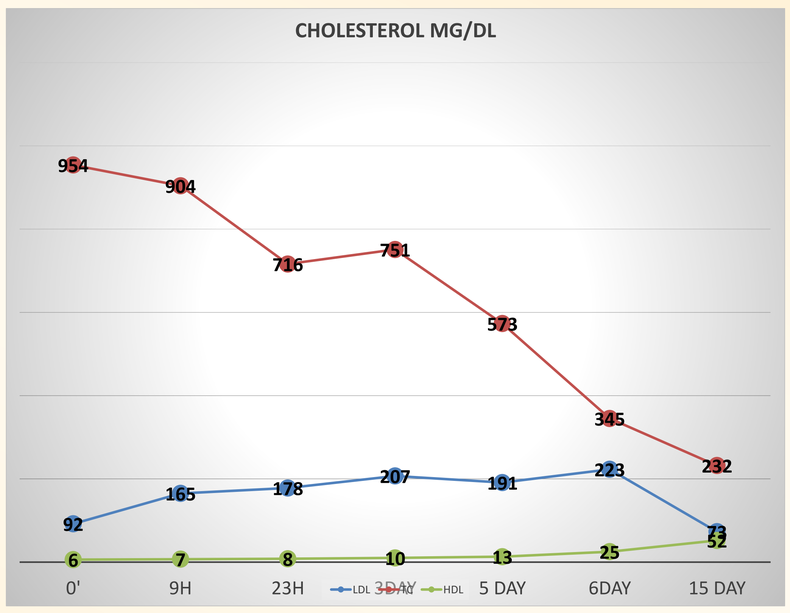
Pancreas slightly enlarged (head: 19, stem: 17mm, tail: 17mm), with slightly heterogeneous echostructure, without visible focal lesions, Wirsung cord up to 2 mm (normal). A small volume is visible in the area of the pancreas tail, and there is a hyperechoic network reaction around the pancreas

TREATMENT

- Insulin 0,3j/kg/h iv
- 0,9% NaCL iv
- Heparin 15j/kg/h ic
- Fenofibrate p.o.
- Diet (PANCREATITIS)
- Atybiotics (PNEUMONIA)

RESULTS





CONCLUSIONS

Patients with diabetic ketoacidosis may present severe hipertrigyceridemia and be in risk of acute pancreatitis. When severe hypertriglyceridemia is diagnosed patients require individual treatment.

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