Plasmapheresis for hypertriglyceridemia-induced pancreatitis

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
Hypertriglyceridemia (HTG) is defined by high plasma levels of triglycerides (generally > 1000 milligram/deciliter [mg/dL]). Risk of HTG complications increases when triglyceride levels are in this range, e.g., chronic abdominal pain, hepatosplenomegaly, eruptive xanthomas, lipemia retinalis, peripheral neuropathy, memory loss/dementia, dyspnea, and acute pancreatitis. HTG-induced pancreatitis accounts for 1% to 4% of acute pancreatitis cases. Standard therapeutic management for acute HTG-induced pancreatitis includes dietary restriction, lipid-lowering agents, intravenous fluids, analgesia, organ support, low-molecular-weight heparin, and insulin in diabetic patients. Additional treatments may include total parenteral nutrition, complete avoidance of oral intake, and moderate caloric restriction. When standard therapies fail to achieve favorable clinical and metabolic outcomes, selected patients with HTG-induced pancreatitis may be referred for plasmapheresis, or plasma exchange (PE). The objective of plasmapheresis is to remove harmful substances from the blood. In HTG-induced pancreatitis, plasmapheresis is applied to remove serum lipids, primarily triglycerides.

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Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

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