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A case series study of patients requiring hospitalization secondary to severe Hypertriglyceridemia and managed effectively with insulin infusion

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Hypertriglyceridemia refers to an increase in the fasting triglyceride measurement to above 1.7 mmol/L. Untreated hypertriglyceridemia can lead to complications, including acute pancreatitis of which hypertriglyceridemia is the third most common cause worldwide. Acute pancreatitis is mainly observed with severely elevated triglyceride to a level above 11.3 mmol/L. For management of acute pancreatitis related to hypertriglyceridemia, the literature describes different treatment modalities, including insulin therapy and plasmapheresis. We report a case series of 9 patients confirmed to have severe hypertriglyceridemia requiring hospitalization. The aim of this study was to report the outcome of patients having severe hypertriglyceridemia treated with insulin infusion. Of the 9 patients with severe hypertriglyceridemia, 7 were diagnosed with associated acute pancreatitis. Our standard regimen was intravenous insulin at a rate of 0.1U/Kg/hr, adequate hydration, measurement of triglyceride twice daily, hourly check of blood glucose levels as to avoid hypoglycemia and stopping insulin infusion once triglyceride level was below 5.6 mmol/L. The target triglyceride level was achieved between 2-6 days of hospitalization except for 1 patient who required 12 days of insulin therapy. All patients had successful recovery without any complications. Rapid initiation of treatment is vital in these patients to prevent complications, especially in those who are presenting with acute pancreatitis. Insulin infusion is a cost-effective approach and the target triglyceride level below 5.6 mmol/L can be achieved with an average of 5 days duration of therapy. The only risk factor was hypoglycemia and this can be prevented by close monitoring of blood glucose levels. Our case series will help to characterize patients treated for hypertriglyceridemia and hypertriglyceridemia-induced acute pancreatitis with insulin in the Middle East, as many guidelines recommended more aggressive treatment modalities and insulin represent a cost-effective and valid treatment modality.

Biography

Mahmoud Ahmed Kiblawi, MD, is an Internal Medicine Specialist at Sheikh Shakhbout Medical City (SSMC) in Abu Dhabi, UAE. He has 9 years of experience since he started training in the field of general internal medicine. His areas of focus include prevention, diagnosis, and the management of acute and chronic complex multisystem diseases. Dr. Kiblawi has published several articles and is continuously involved in new research work. He has an interest in education and is a faculty member for the residency program. Moreover, his focus remains on quality improvement in healthcare, and he is enrolled in several SSMC sub-committees.