Effectiveness of Intensive Insulin Therapy in the Management of Acute Necrotizing Pancreatitis Induced by Very Severe Hypertriglyceridemia

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Hypertriglyceridemia may be responsible for up to 4% of acute pancreatitis. Complicated pancreatitis is a serious medical condition and might be fatal. Therefore, treating the underlying cause along with supportive measures is crucial to prevent further deterioration and possible death. There have been reports where Insulin has been the mainstay of treatment for reducing triglyceride levels in patients with pancreatitis, however, there are no well-established guidelines.

We present a forty-year-old female patient diagnosed with acute necrotizing pancreatitis. CT abdomen revealed acute necrotic pancreatitis (Balthazar E) with extensive peri-pancreatic and peritoneal fluid collections. The patient was managed in the ICU for 28 days. She continued to receive gemfibrozil and insulin infusion, initiated according to the ICU’s Protocol - Algorithm 1 targeting glucose values of 4.4 mmol/L to 10 mmol/L along with heparin infusion. She was successfully treated and recovered. She was discharged on antidiabetic and lipid lowering medications.

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