From the Department of Hematology, Inselspital, University Hospital, Bern, Switzerland.

Address reprint requests to: Behrouz Mansouri Taleghani, Department of Hematology, Inselspital, University Hospital, 3010 Bern, Switzerland; e-mail: behrouz.mansouri@insel.ch.

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Pica, peanuts, and plasma exchange

Freidrich Lersch, Stefano Fontana, Felix Nohl, and Behrouz Mansouri Taleghani

A 23-year-old woman in her 29th week of a previously uneventful second gestation was admitted to our emergency medicine unit with epigastric pain and dyspnea. She showed peritoneal signs, impending shock, and right-heart strain on the ECG. Pulmonary embolism was excluded. A blood sample showed a thick milky white serum (left figure). Initial laboratory values were: triglycerides, 71.7 mmol/L (normal, <2.0 mmol/L); cholesterol, 18.16 mmol/L (normal, <5.0 mmol/L); amylase, 582 U/L (normal, 13-53 U/L); and lipase, 512 U/L (normal, 7-60 U/L). Ultrasound and magnetic resonance imaging confirmed an acute exudative pancreatitis. Ultrasound and cardiotocography showed a healthy fetus.

In addition to standard symptomatic treatment, an emergent 1.5-plasma-volume exchange (right figure, 3.3 L) was performed with 5 percent albumin (50%) and 0.9 percent NaCl (50%) as our usual replacement fluids. The intent was to immediately lower the triglyceride level, since this was suspected of triggering the acute pancreatitis. The treatment was well tolerated, significantly relieved abdominal symptoms, and reduced the triglyceride level by 78 percent (16.02 mmol/L) and cholesterol level by 70 percent (5.39 mmol/L). Even so, on the following day pancreatitis was complicated by pulmonary edema, leading to tracheal intubation for 2 days. Subsequently the pancreatitis...
resolved and the patient remained stable. Nevertheless, the obstetricians decided to terminate pregnancy at the end of the 34th week (triglycerides, 20.49 mmol/L; cholesterol, 6.66 mmol/L) by cesarean section, with the birth of a healthy daughter. Additional history and examinations revealed that—due to pica—the patient had eaten great amounts of peanuts in the days preceding admission.