

# Fatal Case of Hyperlipidaemia in Pregnancy

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Mrs. G a primigravida, aged 23 years from a high socio-economic status was admitted with labour pains on 16th Dec 1997. Her expected date was 21st Dec and, her antenatal period was unremarkable. She was having good regular contraction and relaxation in between. On admission, her BP was 140/80, pulse was 90 and her general condition was good.

After 5 hours of being in labour her cervix was just patulous and there was no progress of labour. Fetal heart, which was regular so far, suddenly disappeared. Her general condition was good, sonography confirmed foetal death and there was no accidental haemorrhage.

After one hour her BP fell to 90/60 and, as she was having strong contractions and was in distress with no progress of labor, LSCS was decided upon.

Under GA, on opening the abdomen, the peritoneal fluid was whitish and, it was thought to be pus at that point of time. On opening the uterus there was scanty amniotic fluid which was also milky. A still born fetus was delivered. Placenta was healthy and no sign of obvious pathology was seen. It was bathed in whitish fluid. Uterus and abdomen were closed as usual.

Pathologist was called and samples of fluid from placenta and blood sample which was milky were taken for culture. Physician was also called for advice.

Her blood report on the day of operation was -Hematocrit 36%, total white blood count 18000 (N 50, L 13, M4) platelet count - normal, Triglycerides were 10,796mg%. This report was very baffling. Patient came round normally and she was conscious. But her pulse and BP were not recordable inspite of Dopamine, efcorline and, blood transfusions.

Anticipating further complications, she was transferred to another hospital where respiratory support was available.

After 2.30 hrs of transfer she developed cardiac arrest and, was put on mechanical respirator for respiratory failure and was revived. She had cardiac arrest again after 8 hrs, but could not be revived and, she expired.

Her repeat investigations were, Triglycerides 10035mg% S. Cholesterol 680mg%, HDL 4.1mg%, S Amylase 5376 u/cc, S. Na-117, K 3.4.

She was diagnosed to have hyperlipidemia & hypertriglyceridemia leading to acute pancreatitis. She was treated with inj fortum, metrogyl, efcorlin, dopamine & dobutrex, I V fluids & blood transfusion.

The probable cause of death of this patient may be underlying lipoprotein disorder exacerbated by pregnancy, leading to acute pancreatitis and death.