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Pancreatitis caused by High Blood Lipid Levels

Reem Nabki*

Department of Gastroenterology, University of Queensland, Australia

Description

Recently, pancreatitis caused by HTG-AP in China has become the most common cause of severe pancreatitis AP in China, with an incidence of 12.2% in 2003, 18.2% in 2007, and 25.6% in 2013. It became clear that there is much higher than in Western countries. Pancreatitis caused by high blood lipid levels is a rare but proven fact in Western countries. In our review, there were 39% fewer male patients with pancreatitis who were greeted with high-fat oil than female patients, who accounted for 60% of the total sample. It differs from the 2018 review conducted in China, which had a higher proportion of female patients. The age group with the highest proportion of patients is between the ages of 30 and 49, slightly younger than the other age groups. These findings not only confirmed findings from a recent report in Hungary that found that pancreatitis caused by high-fat oils was associated with young age and male sex, but also confirmed that high-fat substances in the blood found that is primarily associated with young age and male gender. This is not shocking given that alcohol-related HTG affects men more than other types of HTG and contributes to improvement at younger ages. The discrepancies between our review of orientation and other global studies are most likely the result of sample size limitations and the increasing female-to-male cultural ratio. For those suspecting HTG-AP in cases of metabolic disturbances, including heavy alcohol consumption, poorly controlled diabetes, and severity, type 2 diabetes was the most common disease among 16 patients.

The results were also stable in a 2020 study that associated high blood fat levels with diabetes and body weight in patients. In a recent report, the incidence of DM in HLAP patients was 84.60%. Although it is now generally accepted that serum TG levels above 1000 mg/dl may speed recovery from severe pancreatitis AP, some studies have shown improved quality. I'm here. Most patients in our review had lipid levels ranging from 150 mg/dl to 999 mg/dl, with 52% of patients and 44% of patients having lipid levels above 1000 mg/dl. Recognition that elevated HTG is the cause of severe pancreatitis AP, especially with mild to direct serum TG elevations, may be usually postponed or attempted to be ignored. Information from one review suggests that TG levels above 1,000 mg/dl and below 500 mg/dl cause serious concern and therefore contradictory, especially when AP is not truly adequately accounted for. According to various studies, it is not clear whether HTG is a transient feature of AP, causes AP, or contributes to AP. Two patients in our review enjoyed a transition from alcohol consumption to smoking, but recent reports suggest that the contribution of HTG to inducing AP in heavy drinkers is correspondingly erroneous. A Chinese report published in 2015 observed that elevated HTG lipid levels were caused by severe pancreatitis AP, whereas in our review, high No association was found between lipid levels and the unfortunate visualization of BISAP scores. The information also suggests that her elevated HTG levels below 500 mg/dl should not be considered variables that contribute to the pathogenesis of AP. A typical amylase in our test has 1184.50 units/litre, much higher than normal values. They found that normal amylase levels were twice as high as expected. Only 21.42% of patients in the HTGP group had amylase levels several times the maximum range of the typical range. It may be because this discrepancy between the results of our review and those of the Chinese review suggests that hyperlipidemia may interfere with accurate measurement of amylase in research centres, or that occlusion in the serum of these patients. This may be due to the availability of amylase inhibitors that reduce TG-fatty substances due to the continuous weakening of the amylase test in serum. Each patient in our report had stomach pain of varying severity. We also found a range of side effects, including choking and fever. When these findings were contrasted with those of other clinical studies assessing the effect of TG levels on AP force, they provided the problematic finding of no difference in severity by TG. Although patients with high fatty oil levels have been found to have less fortunate clinical outcomes, previous reports have shown that the extent of TG in AP patients is associated with relentless organ disappointment and liberal disappointment with little attention paid to etiology. Found to be proportionally related. According to the review, her AP patients with HTG had higher APACHE II scores, more potential confounding, and higher mortality within 24 hours.

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Conflict of Interest

The authors declare that they have no conflict of interest.

***Corresponding author:** Reem Nabki, Department of Gastroenterology, University of Queensland, Australia, E-mail: lifecore99@hotmail.com

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