Case 3: Chylomicronemia and Pancreatitis

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Key Points

- Several FCS have diabetes mellitus (different mechanisms);

- This case raises the issue of dealing with risk modifiers and genotypes of uncertain significance in FCS-causing genes;

- As presented, this case looks like our Type III (dysbetalipoproteinemia) patients (HeLPL + apoE2) with Hx of recurrent chylomicronemia (N=62);

- Palmar xanthomas? apoE genotype? VLDL-C/TG ratio? apoB/TG ratio?
FCS Cannot be Restricted to a Disorder with Fasting TG > 2000 mg/dl without Diabetes Mellitus

In FCS, TG remains above 1000 mg/dl despite diabetes control

In MCM, TG usually decrease below 1000 mg/dl if diabetes is optimally controlled. Chylomicronemia may recurrently reappear.

In FCS, diabetes is not often associated with obesity

*BMI ≥ 30
How To Discriminate FCS and MCM?

Patients with TG > 1000 mg/dl

Control secondary causes

Treat with a Fibrate x 6 W
Then apply the diagnosis score

FCS

MCM

Recurrent chylomicronemia

Type III
(Dysbeta lipoproteinemia)

Type IV

Type V