

Background

Risk factors for post-partum haemorrhage (PPH) are well studied and actively managed to reduce maternal morbidity and mortality. In patients with recurrent PPH, additional attention should be given to potential underlying causes.

Aims

To discuss an unusual case of severe hypertriglyceridaemia diagnosed in the setting of recurrent massive PPH.

Case

A 33-year-old G2P1 had an IOL at 38+4 for T2DM. Her Obstetrics history includes a forceps delivery in 2023 complicated by a 2.1L PPH due to uterine atony and trauma (episiotomy, cervical and vaginal wall tear). For her second pregnancy, she had a normal vaginal delivery, complicated by a 2.6L PPH requiring manual removal of placenta, repair of second-degree perineal tear and insertion of Bakri balloon. Whilst in theatre, the surgeon noted an abnormal white tinge to the patient's blood, hence sent coagulation studies. The laboratory had difficulty processing these due to critically high lipid content, and the patient was later diagnosed with severe hypertriglyceridaemia. Under the care of Obstetric Medicine and Endocrinology, she had treatment with an insulin and dextrose infusion over several days.

Results

Fasting triglycerides reached a peak of 48.3 mmol/L (normal <2.1) on day 1 post-partum and decreased to 4.4 mmol/L by day 7 (see Figure 1). Interestingly, the patient had normal lipid studies performed 12 months prior. All other investigations were unremarkable, including those to assess for an underlying bleeding diathesis.

Results (cont.)

Trend of Lipid Studies Across Admission

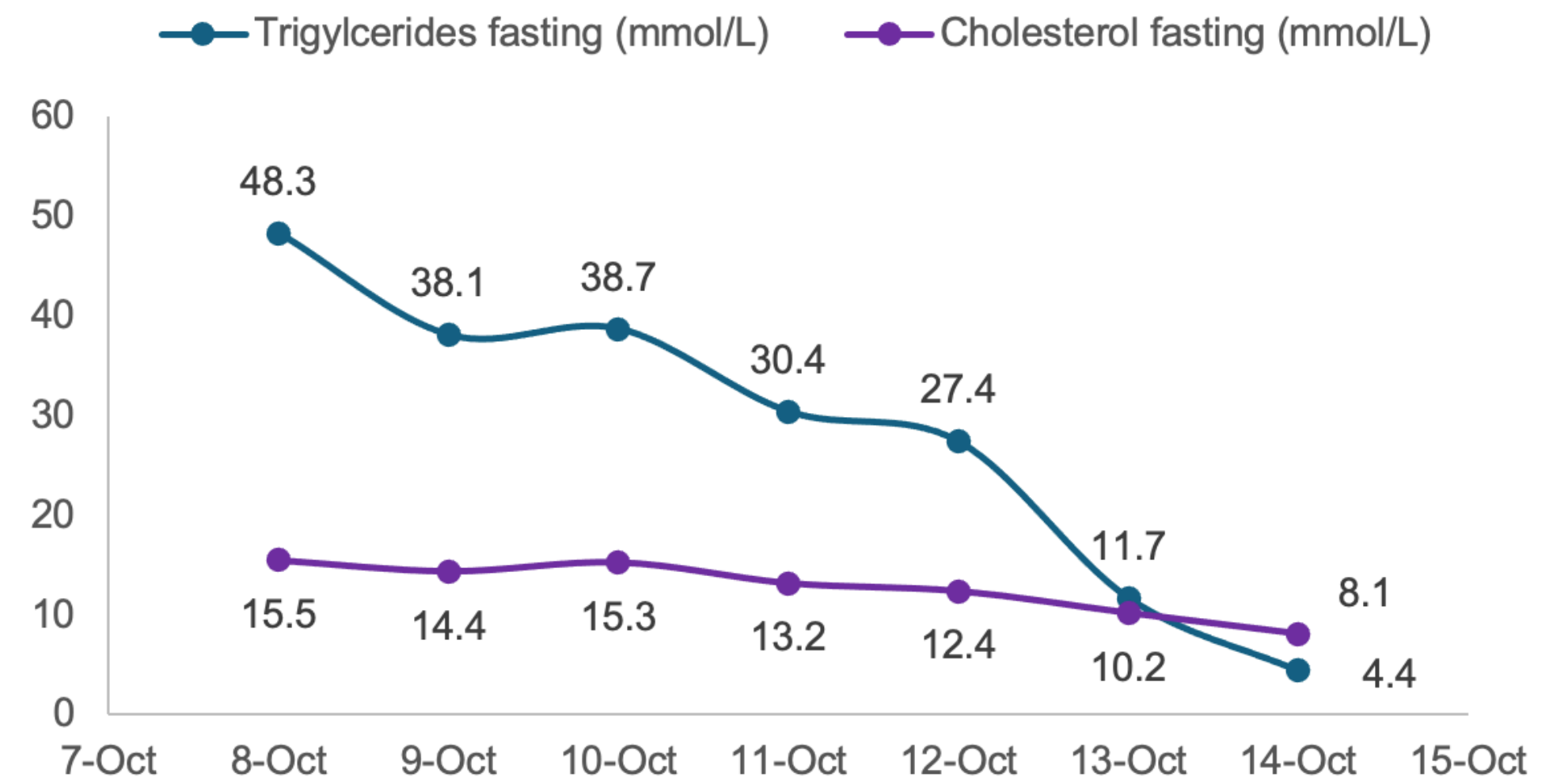


Figure 1: Results of lipid studies during admission

Discussion

It remains unclear as to whether the patient's hypertriglyceridaemia was a true peripartum event and to what degree it contributed to her history of recurrent massive PPH. This case highlights the importance of early multidisciplinary input in complex presentations, and the challenges for both patients and clinicians when the implications of a diagnosis remain uncertain.