

## AB123. P099. Type 2 diabetes mellitus, a vital and independent risk factor for acute pancreatitis in patients with severe hypertriglyceridemia

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**Background:** The incidence of hypertriglyceridemia-induced acute pancreatitis (HIAP) is increasing worldwide, and now is the third leading cause of acute pancreatitis in the United States. There are 5% of patients with severe hypertriglyceridemia (>1,000 mg/dL) which might generate acute pancreatitis. A case-control study was performed by us to evaluate the influence of type 2 diabetes mellitus on acute pancreatitis in patients with severe hypertriglyceridemia.

**Methods:** We identified a case-control study of severe hypertriglyceridemia patients without AP (HNAP) and HIAP with a fasting triglyceride level >1000 mg/dL from The First Affiliated Hospital of Nanjing Medical University during January 1, 2014 to December 31, 2016. Baseline

patient characteristics, comorbidities, and risk factors were recorded and evaluated by univariate and multivariate logistic regression analysis between HIAP and HNAP.

**Results:** A total of 124 patients with severe hypertriglyceridemia were included in this study, 62 patients were in HIAP group. Univariate logistic regression analysis shows that there was no gender difference in both groups, however younger in the HNAP group *vs.* HIAP group ( $P<0.001$ ), and the HIAP group had low level high density lipoprotein *vs.* HNAP group ( $P<0.05$ ). Meanwhile, the presence of pancreatitis was associated with higher glycemia and a history of type 2 diabetes mellitus ( $P<0.05$ ). Multivariate logistic regression analysis indicated that a history of type 2 diabetes mellitus was an independent risk factor for acute pancreatitis in patients with severe hypertriglyceridemia.

**Conclusions:** Patients with uncontrolled diabetes mellitus is a potential risk factor in patients with severe hypertriglyceridemia to develop into acute pancreatitis.

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