

EDITORIAL COMMENTS:

Thanks for invitation. I finished the revision
the case is interesting one but:

- 1- You are not sure that acute pancreatitis due to high lipid profile as you had no profile preconception.
- 2- You said it is due to genetic factor but you did not prove that by any investigation.
- 3- The management of the patient was not clear and not qualified with such serious condition.
- 4- follow up of her post delivery was not clear so

AUTHOR'S FEEDBACK:

1. Though we do not have her pre-conception lipid profile, HTG as a cause is acceptable in this case by exclusion of other causes of Acute Pancreatitis. She had no evidence or history of gall stones/biliary sludge, medications likely to cause pancreatitis, pancreatic trauma, hypercalcemia, history of recurrent or childhood pancreatitis as seen in hereditary pancreatitis, anatomical pancreatic anomaly or ERCP.

2. Her sibling (younger brother) has HTG as we have mentioned in the case report. Ref. Table No. 1 and discussion. This confirms underlying genetic susceptibility in the case for HTG.

3. The patient management is mentioned in case report.

' We managed the patient with supportive care, low fat diet (less than 20% of calories from fat), topical sunflower oil (to prevent EFA deficiency), nutritional supplement with omega 3 fatty acids, and fibrates (gemfibrozil 600 mg twice daily and fenofibrate 145 mg once daily). A planned LSCS was done later.

4. There is no follow-up of the case as she was lost to follow-up. We have mentioned this in discussion.