

B had lower QoL scores as compared to the general population. In our study, the control subjects were family members of patients. QoL can be influenced by many factors such as socioeconomic factors, life style, social support and self-help, individual cultural heritage, and religion.⁷ With selection of close family members of HBV patients as the control group, most of these factors were matched. However, close relationships between patients and their families may influence the quality of life in their family members.

Our patients had higher scores for worry than their family members. This may reflect that concern of the patient's family about his health. A study from China³ had shown that scores for worry were lower in patients.

In conclusion, the total score for QoL in our patients with hepatitis B was similar to the family members. Also the score for worry was lower in family members. This may reflect the concern of members about the health of a family member suffering from hepatitis B.

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Acute pancreatitis due to hypertriglyceridemia—a case series of West Indians of Asian Indian ancestry

Hypertriglyceridemia-induced acute pancreatitis is still considered a rare entity, although the reported incidence varies between 1–4% and 12–38%.^{1–3} South Asians, especially among the Diaspora, have an increased prevalence of diabetes and dyslipidemia characterized by high triglycerides and low high-density lipoprotein cholesterol (HDL-C) concentrations, which, regardless of their geographical location, place them at higher risk for coronary artery disease.^{4,5} Although several reports from around the world have highlighted this exaggerated risk of coronary heart disease, there are few reports of hyperlipidemia-induced pancreatitis in this ethnic group. We report what we believe to be the first description of hypertriglyceridemia-induced pancreatitis in an Asian Indian migrant population in the West.

Large numbers of Indians were brought to the West Indies as indentured laborers between the years of 1838 and 1917. Most of the present West-Indian Indians (WII) are therefore 3–7 generations away from India and have, to a large extent, adopted Western lifestyle and diets. WII make up to 41% of the population of Trinidad while the

other major ethnic groups consist of African descent (40%) and mixed (19%). WII have a greater prevalence of diabetes mellitus, hyperlipidemia and coronary heart disease than the other ethnic groups in Trinidad.⁶ Pancreatitis induced by hypertriglyceridemia is a notable but less recognized consequence in this ethnic group. In this report, we highlight the occurrence of acute pancreatitis in diasporic Indians with markedly elevated levels of serum triglycerides. This report describes six patients treated at all the three major tertiary care hospitals (with ICU facilities) in Trinidad; it is noteworthy that we have not encountered a single case of hypertriglyceridemia-induced pancreatitis in any other ethnic group.

Five middle-aged woman patients of Asian Indian descent presented to the Emergency Department during different time-periods with sudden onset of constant epigastric pain that radiated to the back. Serum from all these patients was lactescent suggesting lipemia. Investigations revealed a normal or slightly elevated serum amylase, triglycerides ranging from 2011 to 3960 mg/dL (22.7–44.8 mmol/L; laboratory normal: 50–150 mg/dL). Ultrasound and CT scan

revealed edematous enlarged pancreas with peripancreatic fluid and no gall bladder disease. All patients recovered with conservative management consisting of intravenous fluids and omega-3 esters.

Another 27-year-old man of Asian Indian descent developed acute pancreatitis with lactescent serum and a triglyceride level of 3780 mg/dL (42.7 mmol/L) and a normal serum amylase level. He had complications, required ICU admission and succumbed to his illness.

Acute pancreatitis is a well-recognized complication of elevated triglyceride levels. Although the exact mechanism is unknown, there is the view that an elevated cholesterol level alone may not lead to pancreatitis.² When serum triglycerides are elevated above 1000 mg/dL (11.3 mmol/L), there is invariably chylomicronemia, which may impair circulation in the capillary beds, exposing the chylomicrons to pancreatic lipase, thus damaging the pancreatic acini and microvasculature.

Although elevated triglyceride levels may predispose to acute pancreatitis, there is usually a precipitating factor including (but not limited to) uncontrolled diabetes, alcohol and medications.^{7,8} Other causes of pancreatitis such as pregnancy, endocrine abnormalities such as hypothyroidism and/or hypopituitarism and estrogen replacement therapy,^{7,9} were also ruled out in our women patients.

There is overall agreement that serum amylase may often be normal or only minimally elevated in these patients even when imaging studies show severe pancreatitis.⁹ This is due to the presence of an amylase inhibitor in these cases. Our patients also had normal or slightly elevated amylase levels. Hence serum amylase level should not be relied upon as a diagnostic parameter in hyperlipidemic pancreatitis. Only one patient in our case series had recurrent attacks of acute pancreatitis, but there has been none with chronic pancreatitis. Chronic pancreatitis following hypertriglyceridemia-induced pancreatitis is rare, but has been previously recognized.⁷

There has been a suggestion that Asian Indian migrants to the West have an increased predisposition to coronary heart disease due to elevated "lipoprotein-a" levels.¹⁰ The dietary and environmental factors may also play a role in dyslipidemia. Hence, large-scale genetic and epidemiological studies are required to elucidate the predisposition of migrant Asian Indians to the development of hypertriglyceridemia-induced pancreatitis. Moreover, if any patient of Asian Indian ancestry presents with upper abdominal symptoms suggestive of peptic ulcer, gall bladder disease,

GERD, etc., hypertriglyceridemia-induced pancreatitis should be considered, investigated and appropriate treatment instituted, with the recognition that serum amylase may be normal in these patients.

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Colonic explosion with use of argon plasma coagulation for radiation proctitis

Argon plasma coagulation (APC) is a non-contact electrocoagulation device that uses high-frequency monopolar

current conducted to target tissues through ionized argon gas. Reported complication rates range from 0% to 24% and