



DERMATOPATHOLOGY

## AN ERYSIPELAS IN A WOMAN WITH PANCREATITIS

*O El Jouari<sup>(1)</sup> - Ch Jroundi<sup>(1)</sup> - A Lamouafeq<sup>(1)</sup> - S Elloudi<sup>(1)</sup> - Z Douhi<sup>(1)</sup> - H Baybay<sup>(1)</sup> - Fz Mernissi<sup>(1)</sup>*

*University Hospital Hassan Ii, Department Of Dermatology, Fez, Morocco<sup>(1)</sup>*

**Background :** Erysipelas is a non-necrotizing acute or subacute bacterial dermo-hypodermatitis, most commonly caused by Group A hemolytic streptococcus. It is a relatively common pathology in adults. Septicemia during erysipelas is a rare complication of less than 1%. It is well known that sepsis and hypertriglyceridemia are independent risk factors for pancreatitis. The mechanism by which hypertriglyceridemia causes pancreatitis is unknown. We will raise an association between this infection and pancreatitis.

**Observation :** A 35-year-old patient with 4 days' history of erysipelas of the face on eczema lesions, complicated by acute vomiting and transfixing abdominal pain. The bioassay revealed predominantly PNN hyperleucocytosis, CRP elevated to 182 nmol / L, lipaseemia to 4 times normal, hypertriglyceridemia to 2.29 g per liter, and HDL decreased to 0.24 mmol / L. Abdominal CT showed B stage pancreatitis and the abdominal ultrasound was normal. The patient was placed under water and food restriction, triple antibiotherapy, basic ration, analgesics and gastric protection. The decline is 3 months without recurrence or complications.

**Key message :** Through this observation we will try to analyze the link between sepsis, hypertriglyceridemia and the development of pancreatitis. Few studies have explored the metabolic response to sepsis. Some authors have reported significantly elevated TG and LDL levels and decreased HDL. Other authors have noted low levels of total HDL, and LDL cholesterol in the initial phase of sepsis inversely associated with the severity of the disease. Our results are consistent with those in the literature and highlight the usefulness of TG levels as indicators of the risk of pancreatitis. Hence the importance of managing TG levels during sepsis to prevent pancreatitis and decrease the risk of complications such as recurrence of pancreatitis. We report this case for the purpose of suspecting pancreatitis in any patient with erysipelas and transfixing abdominal pain.

