

IMAGING IN INTENSIVE CARE MEDICINE



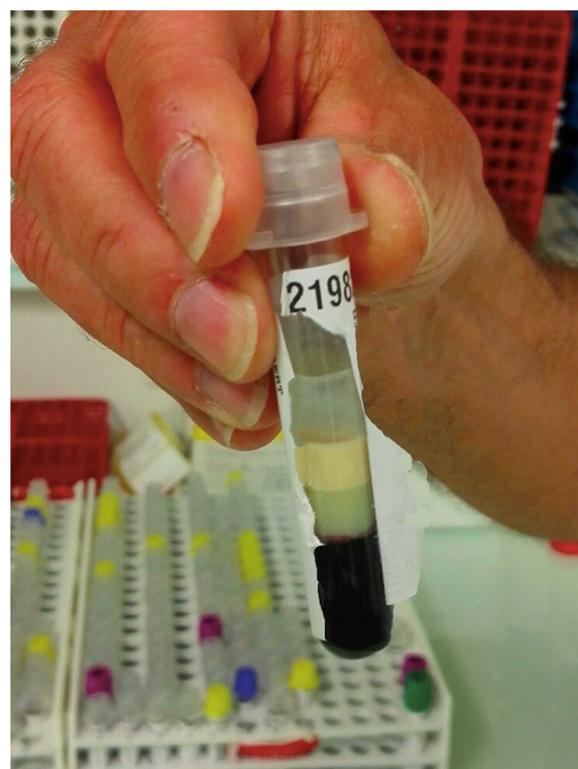
# Green plasma and a blocked CRRT circuit due to drug-induced hyperlipidemia

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A 46-year-old female, treated with aripiprazole for 2 years for a depressive syndrome, presented to the emergency department with acute respiratory failure. The clinical examination and blood analysis indicated severe diabetic ketoacidosis (blood pH, 6.8;  $PCO_2$ , 12 mmHg; lactatemia, 2.5 mmol/l; glycemia, 40 mmol/l) and major hypertriglyceridemia of 15 g/l (without pancreatitis; lipasemia, 30 UI/l) and hypercholesterolemia (10 g/l). Management in intensive care consisted of treatment with lipid-lowering rosuvastatin, insulin therapy and continuous renal replacement therapy. The figures show green plasma due to the severe hypertriglyceridemia associated with a thick lipid layer. This thick lipid layer made the blood tests difficult, and the green plasma distorted the colorimetric analyses. The continuous renal replacement therapy was also difficult because of the multiple daily lipid clogging of the filter (Figs. 1, 2).

The etiology was iatrogenic, induced by aripiprazole. Genetic analysis found a heterozygous genotype for the GPIIb/IIIa variant, which may contribute to aggravation of hypertriglyceridemia.



**Fig. 1** Blood sample after centrifugation, showing a large lipid layer and green plasma

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**Fig. 2** Continuous renal replacement therapy filter obstructed by lipids

#### **Compliance with ethical standards**

#### **Conflicts of interest**

The authors declare that they have no conflict of interest.

#### **Ethical approval**

An approval by an ethics committee was not applicable.

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