INTRODUCTION

- Tamoxifen can cause paradoxical effects on lipid metabolism and increase triglyceride levels.
- Hypertriglyceridemia-induced acute pancreatitis causes 1-3% of all cases of acute pancreatitis that can culminate in increased severity and morbidity.
- Tamoxifen is known to cause hypertriglyceridemia, but acute pancreatitis as a sequel to this complication remains exceedingly rare.

METHODS

- We performed a systematic search of MEDLINE, Cochrane, Embase, and Google Scholar by using MeSH terms and keywords "tamoxifen," "acute pancreatitis," and "hypertriglyceridemia" from tamoxifen approval in 1977 to December 2021.
- A total of 24 cases were identified using the database search.
- The diagnosis of acute pancreatitis was established on meeting two of the three Revised Atlanta Classification criteria.

RESULTS

- A total of 17 case reports fulfilled our inclusion criteria. The mean age of included patients was 35.84 ± 5.99 years.
- Clinical presentation was mainly related to vomiting (65%), abdominal pain (59%), nausea (47%), and epigastric discomfort (18%). Hypertriglyceridemia (55%), diabetes mellitus (27%), and hypertension (18%) were major comorbid conditions.
- Pancreatitis was categorized into mild (35%), moderate (35%), or severe (30%) forms.
- Treatment mainly consisted of conservative measures, but intravenous insulin (24%) and plasmapheresis (6%) were used in severe cases.
- The overall mortality rate was 6%.

CONCLUSION

- Tamoxifen-induced hyper triglyceridemic pancreatitis is a potential complication of tamoxifen therapy.
- The findings underscore the need for regular monitoring of serum lipids in these patient patients, especially those with pre-existing hypertriglyceridemia or other comorbid conditions.
- Monitoring can help reduce M&M associated with this condition and improve the quality of life for patients undergoing tamoxifen therapy.