

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Acid-Base Balance-Electrolyte Quiz – Case 16

A 72-year-old man was admitted to the hospital with symptoms of congestive heart failure: Arterial pH 7.62, PO₂ 48 mmHg, PCO₂ 25 mmHg, HCO₃⁻ 21 mEq/L, Na⁺ 128 mEq/L, Cl⁻ 78 mEq/L.

Which are the acid-base disorders of the patient?

- a. Respiratory alkalosis
- b. Respiratory alkalosis and metabolic alkalosis
- c. Respiratory alkalosis and metabolic acidosis
- d. Metabolic alkalosis and respiratory acidosis
- e. Respiratory alkalosis and metabolic acidosis, as well as metabolic alkalosis

Comment

Hypoxemia-induced respiratory alkalosis is the dominant acid-base disorder (alkalemia due to decreased PCO₂). In this case the expected HCO₃⁻ concentration is between 18 mEq/L and 21 mEq/L (a 2–4 mEq/L decrease of serum HCO₃⁻ levels for each decrease of PCO₂ by 10 mEq/L). Thus, there is no obvious superimposed

ARCHIVES OF HELLENIC MEDICINE 2010, 27(3):563
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2010, 27(3):563

**M. Elisaf,
T. Filippatos**

*Department of Internal Medicine,
Medical School, University of Ioannina,
Ioannina, Greece*

metabolic disorder. However, the serum anion gap is elevated (29 mEq/L), suggesting the presence of a coexisting wide gap metabolic acidosis (possibly due to lactic acidosis). Even though other causes of an elevated anion gap should be carefully excluded, a very wide anion gap virtually establishes the presence of an increased anion gap metabolic acidosis. In an increased anion metabolic acidosis the decrease in HCO₃⁻ is equal to the increase in the anion gap. However, in the present case the decrease of serum HCO₃⁻ concentration (3 mEq/L) was substantially lower than the increase in serum anion gap (29–10=19 mEq/L), a finding that implied the presence of an additional acid-base disorder (metabolic alkalosis) due to the previous furosemide administration.

Corresponding author:

M. Elisaf, Department of Internal Medicine, Medical School, University of Ioannina, GR-451 10 Ioannina, Greece
e-mail: egepi@cc.uoi.gr