















Acid Base Pathology

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	CO_2	H^+	+	HCO_2
Respiratory Acidosis				
Respiratory Alkalosis				
Metabolic Acidosis	40			 
Metabolic Alkalosis				 

Respiratory Acidosis

- Caused by a decrease in alveolar ventilation → increase PaCO_2
- Result: decrease in pH, slight increase in HCO_3^-
- Causes:
 - ✓ Respiratory depression
 - ✓ COPD
 - ✓ Restrictive lung diseases
 - ✓ Airways obstruction
 - ✓ Pulmonary edema, cardiac arrest
 - ✓ Neuromuscular

Respiratory Alkalosis

- Caused by an increase in alveolar ventilation relative to body $\text{CO}_2 \rightarrow$ decrease in PaCO_2
- Result: decrease in H^+ (increase pH)
- Causes:
 - ✓ Anxiety
 - ✓ Hypoxemia
 - ✓ Pneumothorax
 - ✓ Ventilation-perfusion inequality
 - ✓ Hypotension
 - ✓ High altitude



Metabolic Acidosis

- Caused by gain in H^+ as fixed acid (or Loss of HCO_3^-)
- Results: decrease in pH and HCO_3^-
- Causes:
 1. Increase acid production
 2. Bicarbonate loss: (RTA type II, **diarrhea**)
 3. Decreased ability of the nephron to excrete fixed acid (RTA type I)

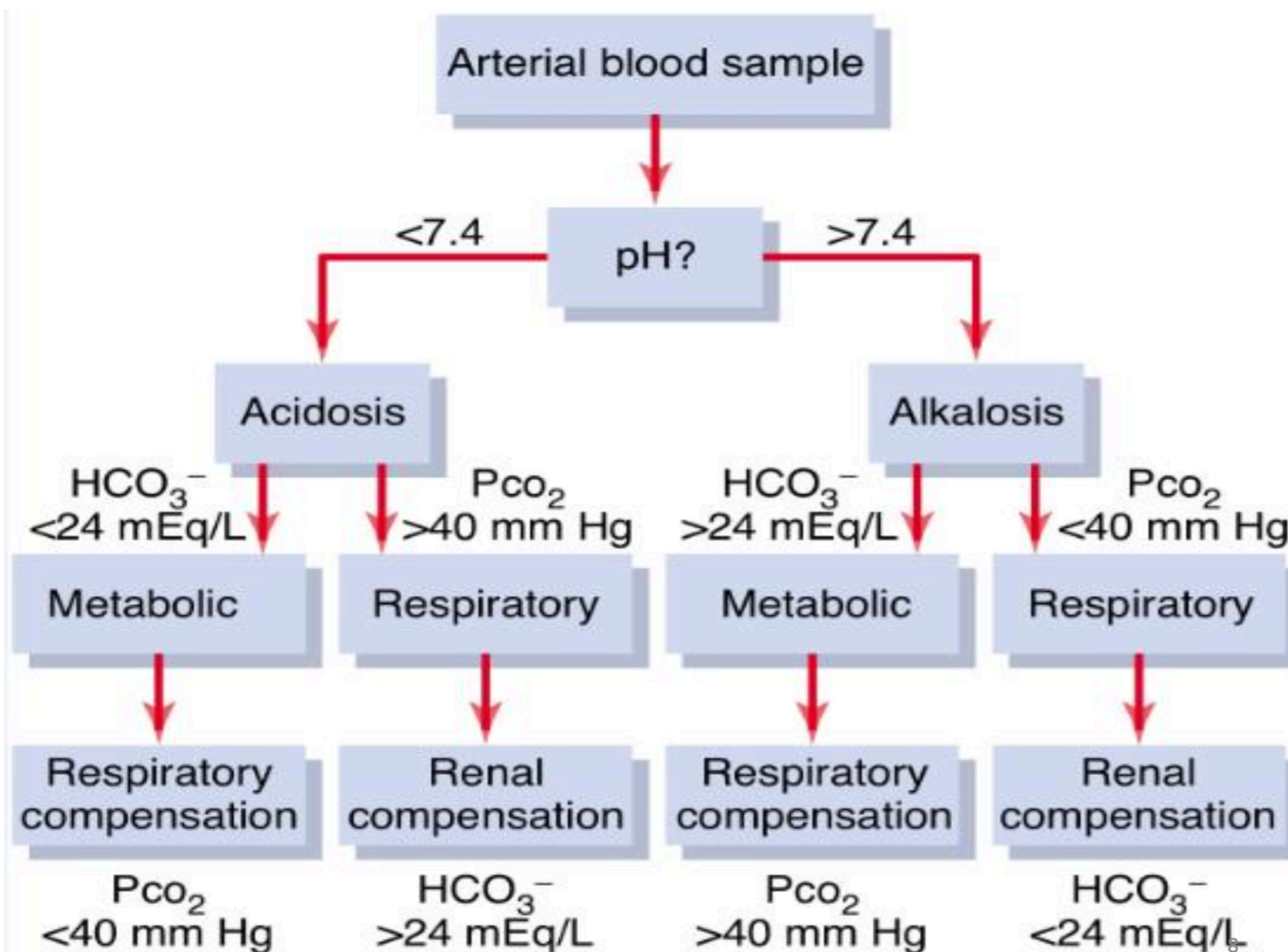
Metabolic Alkalosis

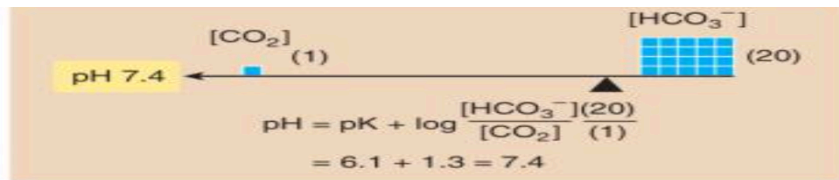
- Caused by a loss of H^+ as fixed acid (or gain in HCO_3^-)
- Result: increase in pH and HCO_3^-
- Causes:
 - ✓ Vomiting
 - ✓ Loop and thiazides
 - ✓ Barter and Gitelman syndromes
 - ✓ Intracellular shift of H^+
 - ✓ Primary hyperaldosteronism



How to Solve a Question

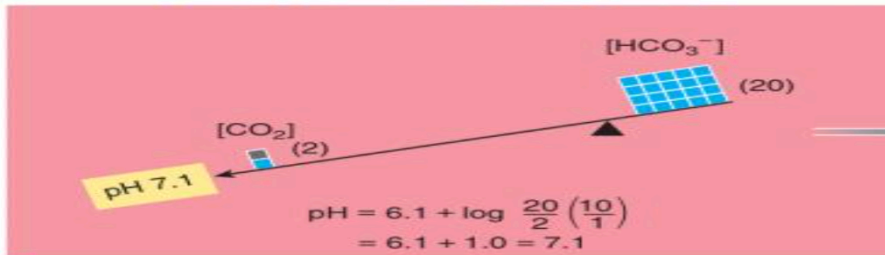
1. Look at pH first. Determine if Acidosis or Alkalosis (Normal 7.35-7.45)
2. Look at PaCO_2 (Normal 35-45) (does it explain the problem?)
3. Look at HCO_3^- (Normal: 22-26) (does it explain the problem?)





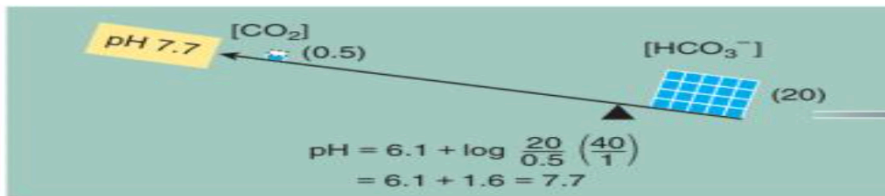
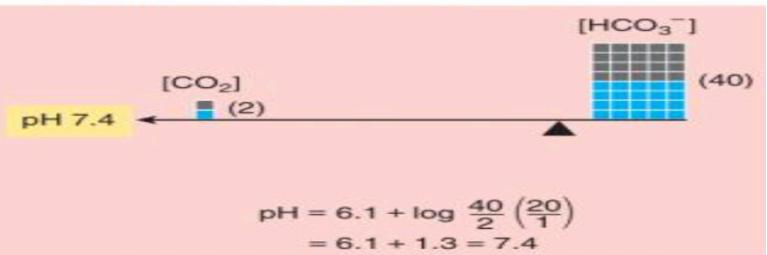
(a) Normal acid-base balance

Uncompensated acid-base disorders

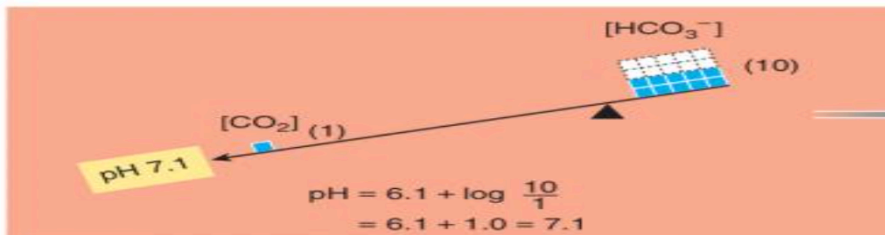
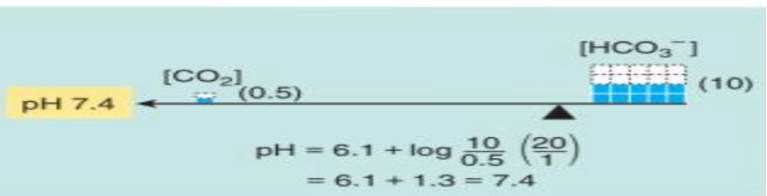


(b) Respiratory acidosis

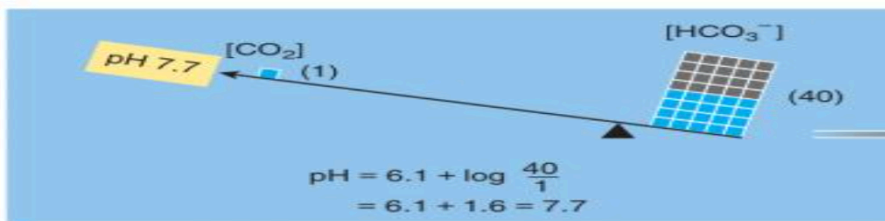
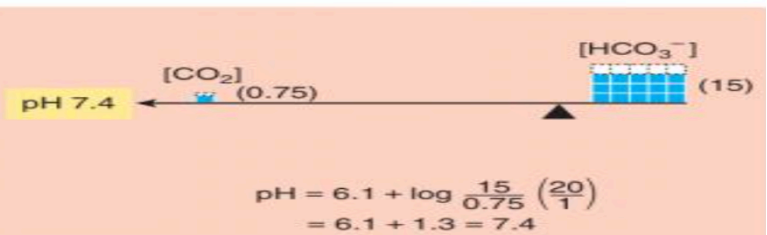
Compensated acid-base disorders



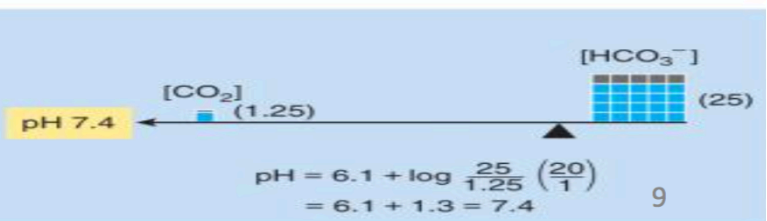
(c) Respiratory alkalosis



(d) Metabolic acidosis



(e) Metabolic alkalosis





Plasma Anion Gap

- $\text{Na}^+ - (\text{Cl}^- + \text{HCO}_3^-)$
- $\text{Na}^+ = 140$
- $\text{Cl}^- = 108$
- $\text{HCO}_3^- = 24$
- Anion Gap is most useful in determining the cause of **metabolic acidosis**

Non-Anion Gap Metabolic Acidosis

- ❖ Cause: Loss of HCO_3^-
 - ✓ Renal tubular acidosis (I and II)
 - ✓ Diarrhea
 - ✓ Early renal failure
 - ✓ Acetazolamide therapy
 - ✓ Rapid intravenous hydration



Anion Gap Metabolic Acidosis

- ❖ Cause: increase in anions other than chloride
- Another frequently used mnemonic is KARMEL:
 - K — Ketoacidosis
 - A — Aspirin
 - R — Renal Failure
 - M — Methanol
 - E — Ethylene Glycol
 - L — Lactic Acidosis



For any questions or comments
please contact us at:

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