

Lactic Acidosis

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1 Lecture

Cardiovascular Block

Overview

- Introduction to metabolic acid-base disorders
 - Metabolic acidosis and alkalosis
- Lactic acidosis
 - Definition
 - Lactate metabolism in tissue
 - Mechanisms involved in lactic acidosis
 - Types and causes of lactic acidosis
 - Diagnosis and treatment

Metabolic acid-base disorders

Changes in bicarbonate conc. in the extracellular fluid (ECF) cause acid-base disorders

- Occur due to high conc. or loss of H^+ ions
- Can lead to:
 - Metabolic acidosis
 - Metabolic alkalosis

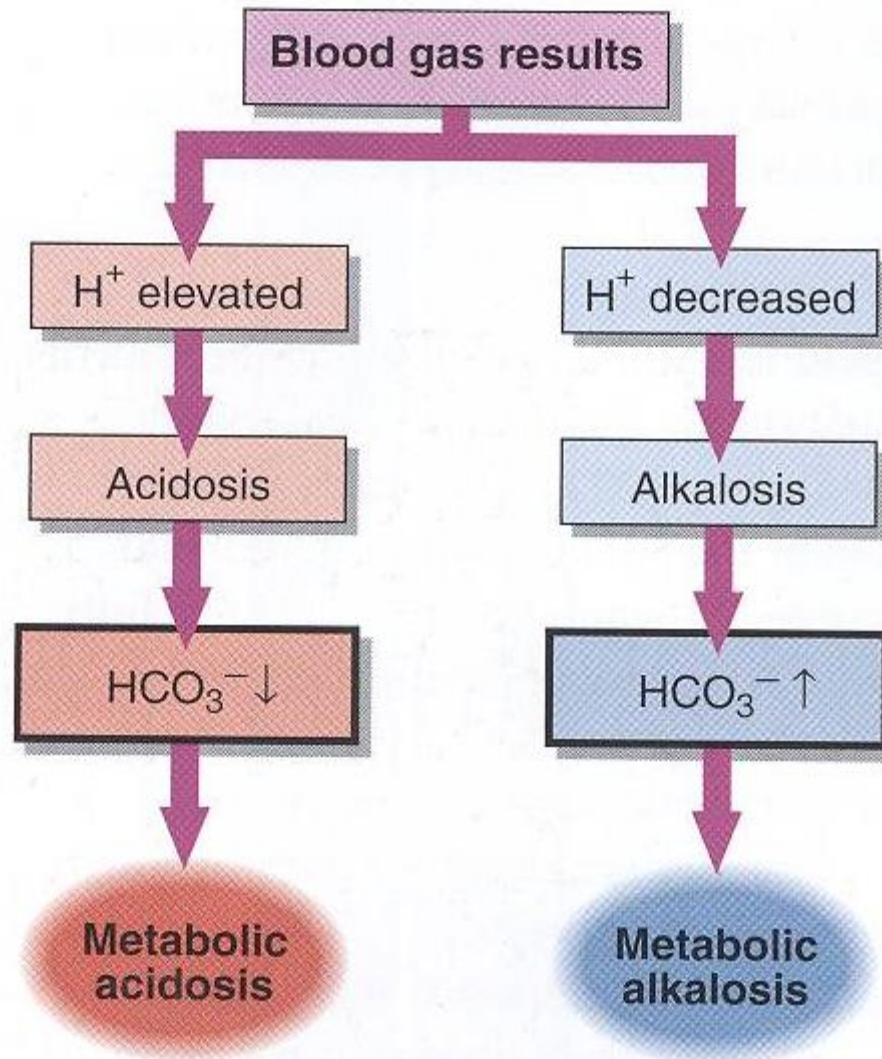


Fig. 1 Recognizing primary metabolic acid-base disorders by inspecting the HCO₃⁻ concentration.

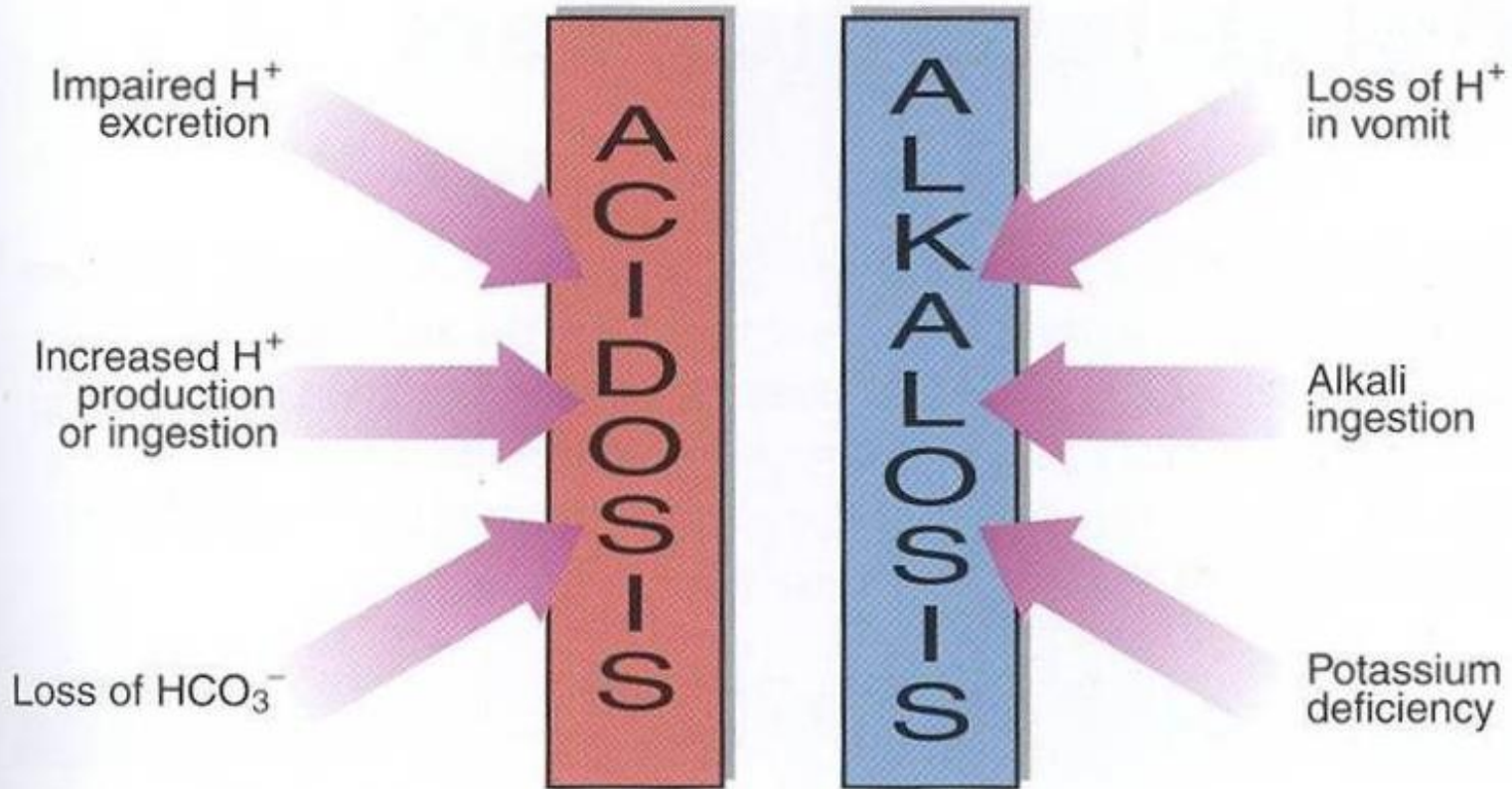


Fig. 3 **Reasons for metabolic acidosis and alkalosis.**

Metabolic acidosis

Reduction in bicarbonate conc. of ECF

Causes are:

- Increased production of H^+ ions
- Ingestion of H^+ or drugs metabolized to acids
- Impaired excretion of H^+

Anion gap

- It is the difference between the sum of:
 - Na^+ and K^+ (cations) and
 - the sum of Cl^- and HCO_3^- (anions)
- Helps in assessing acid-base problems
- Normal anion gap: 3-11 mEq/L
- High anion gap: >11 mEq/L (acidosis)
- Low anion gap: <3 mEq/L (alkalosis)

Metabolic acidosis

High anion gap occurs in:

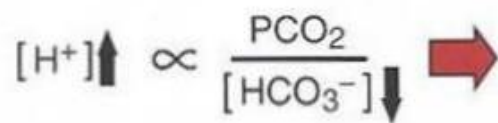
- Renal disease
- Diabetic ketoacidosis
- Lactic acidosis
- Chronic diarrhea
- Poisoning
- Renal tubular acidosis

Clinical effects of acidosis

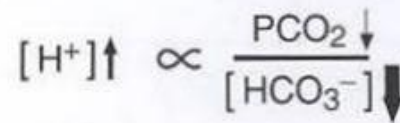
Hyperventilation is the compensatory physiological response to acidosis

- Increased H^+ conc. stimulates respiratory response
- Hyperventilation: deep, rapid, and gasping respiratory pattern
- Arrhythmia, cardiac arrest
- Loss of consciousness, coma, death

Metabolic acidosis

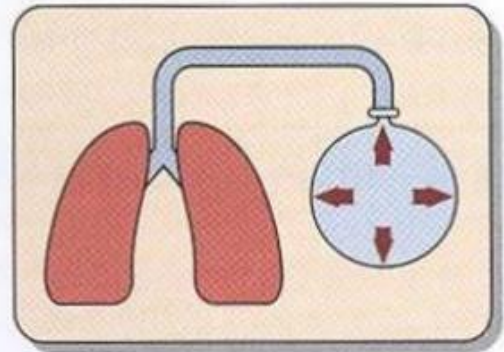


Acidosis develops



Respiratory compensation
occurs quickly

Increased ventilation



Metabolic alkalosis

Increase in bicarbonate conc. in ECF

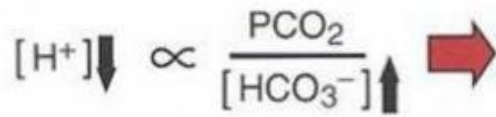
Causes are:

- Loss of H^+ ions in gastric fluid due to vomiting
- Ingestion of sodium bicarbonate
- Potassium deficiency as a result of diuretic therapy

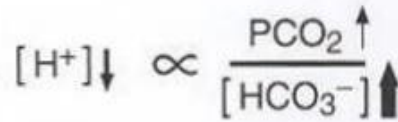
Clinical effects of alkalosis

- Hypoventilation (depressed breathing)
 - Increases PCO_2 to compensate alkalosis
 - Respiratory arrest
- Confusion, coma, death

Metabolic alkalosis

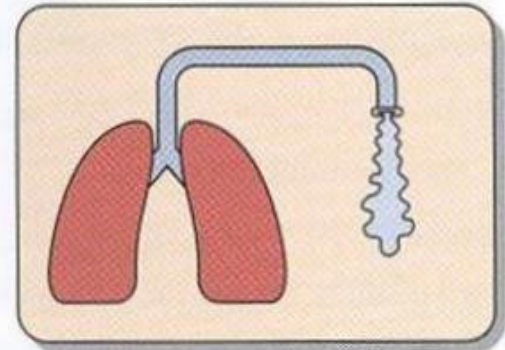


Alkalosis develops



Respiratory compensation
occurs quickly

Decreased ventilation



Lactic acidosis

- Elevated conc. of plasma lactate is called lactic acidosis
- Occurs either due to:
 - Failure of circulatory system (hypoxia)
 - Disorders of carbohydrate metabolism

Lactate metabolism in tissue

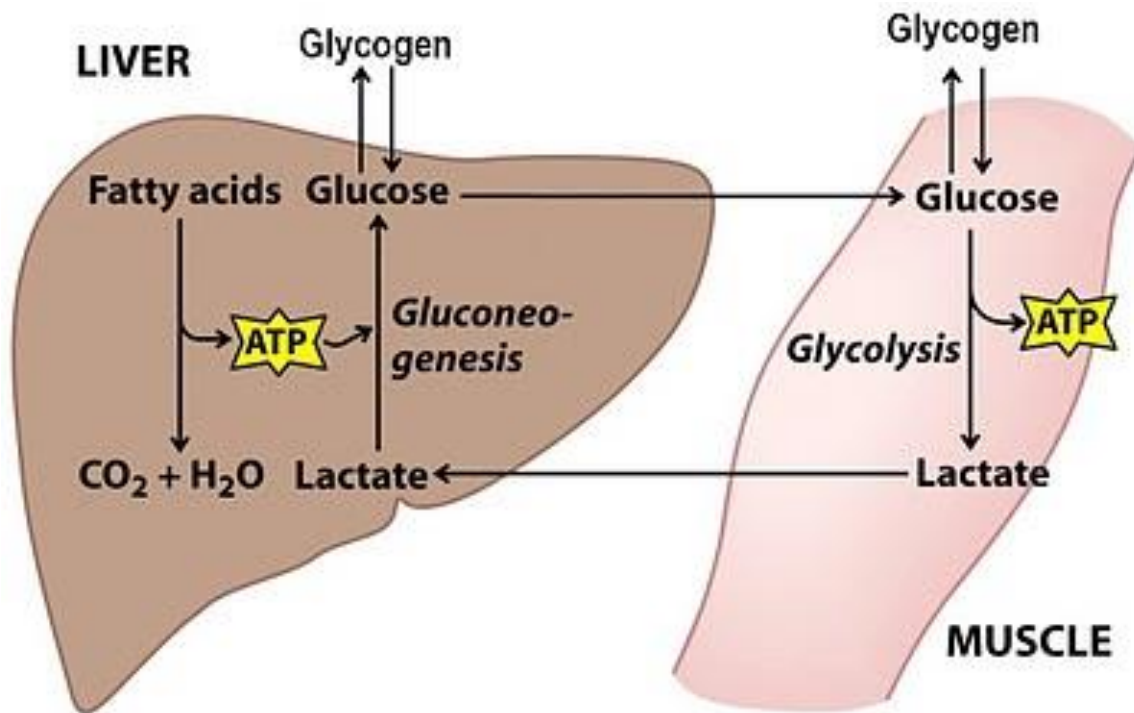
- The body tissues produce ~ 1500 mmoles of lactate each day
- The lactate enters blood stream and metabolized mainly by the liver (Cori cycle)
- All tissues can produce lactate under anaerobic conditions
- Pyruvate is converted to lactate by lactate dehydrogenase enzyme

Pyruvate + NADH + H⁺



Lactate dehydrogenase

Lactate + NAD⁺



Principles of Biochemistry, 4/e
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The Cori cycle

Lactate metabolism in tissue

- The skeletal muscles produce high amounts of lactate during vigorous exercise
- Lactate is metabolized in liver (60%) and kidney (30%) to glucose
- Some lactate is metabolized to CO₂ and water (Krebs cycle)

Mechanisms involved in lactic acidosis

Lactic acidosis can occur due to:

- Excessive tissue lactate production
- Impaired hepatic metabolism of lactate

Types and causes of lactic acidosis

Type A

- Due to hypoxia in tissues (most common)
- Hypoxia causes impaired oxidative phosphorylation and decreased ATP synthesis
- To survive, the cells switch to anaerobic glycolysis for ATP synthesis
- This produces lactate as a final product
- The amount of oxygen required to recover from oxygen deficiency is called **oxygen debt**

Types and causes of lactic acidosis

- Type A is due to inadequate supply of oxygen to tissues in:
 - Myocardial infarction
 - Pulmonary embolism
 - Uncontrolled hemorrhage
 - Tissue hypoperfusion (shock, cardiac arrest, acute heart failure, etc.)
 - Anaerobic muscular exercise

Types and causes of lactic acidosis

Type B

- Due to disorders in carbohydrate metabolism
 - Congenital lactic acidosis is due to deficiency of pyruvate dehydrogenase enzyme
- Chronic hepatic disease accompanied by shock or bleeding
- Liver failure
- Drug intoxication

Diagnosis and treatment

- Diagnosis done by measuring blood lactate levels
 - Hyperlactemia: 2 – 5 mmols/L
 - Severe lactic acidosis: > 5 mmols/L
- Treatment:
 - Correcting the underlying conditions
 - Restoring adequate tissue oxygen
 - Avoiding sodium bicarbonate