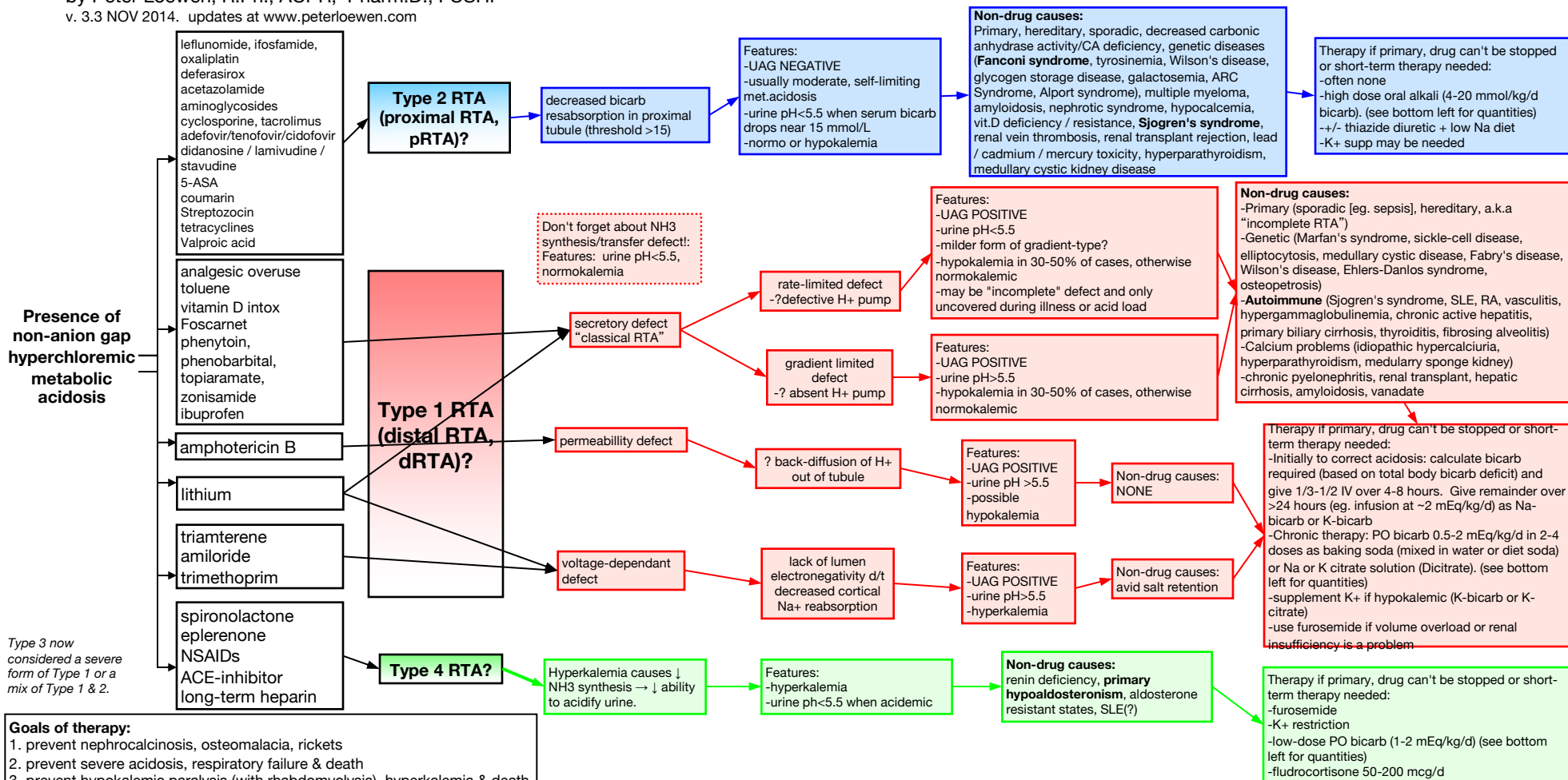


Renal Tubular Acidosis: A Drug-Centric Perspective

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RENAL TUBULAR ACIDOSIS COMPARISON TABLE

Type	Metabolic acidosis?	Anion gap	Serum Cl [†]	Serum K ^{**}	UAG ^{**}	Urine pH
pRTA (Type 2)	✓	Normal	↑	Normal	NEG	<5.5 when acidemic
dRTA (Type 1)						
-NH ₃ synth / transport defect	✓	Normal	↑	Normal	POS	<5.5
-secretory defect	✓	Normal	↑	↓ in 30-50% of cases	POS	>5.5 (if gradient-limited), <5.5 if rate-limited)
-permeability defect	✓	Normal	↑	↓ usually	POS	>5.5
-voltage defect	✓	Normal	↑	↑	POS	>5.5
Type 4	✓	Normal	↑	↑	POS	<5.5 when acidemic

†currently thought to be due to overactive Cl-/HCO₃- exchange pump in distal tubule (in Type1) [Pediatr Nephrol 2006;21:206-211]

*when corrected for acidosis (eg. pH Δ 0.1 ~ K+ Δ 0.6 mmol/L)

**UAG = urine (Na + K) - Cl