

Type B Lactic Acidosis in a Solid-Tumour Malignancy Without Liver Metastases: A Rare Case of Refractory Acidosis

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Background

Lactic acidosis has a number of aetiologies, including tissue hypoperfusion (type A), non-hypoxia-mediated (type B), and short gut syndrome (type D). Malignancy-induced type B lactic acidosis is a rare, yet fascinating, cause of refractory acidosis in patients with cancer, often unresponsive to usual medical treatments.

Methods

Case reports usually discuss the paraneoplastic phenomenon in haematologic malignancies; however, we present the case of a 72-year-old woman with metastatic breast cancer with no hepatic metastases who initially presented to hospital with an elevated lactate in the absence of acidosis.

Results

A thorough workup coupled with time yielded a refractory severe metabolic acidosis with an undetectably high lactate level. Ultimately, the patient did not respond well to supportive care, and the decision was made to pursue comfort-directed therapy. She passed away shortly afterwards.

Discussion

Malignancy-induced type B lactic acidosis is a rare, yet fascinating, cause of refractory acidosis in patients with cancer, often unresponsive to usual medical treatments. We present one of the few cases in the literature of malignancy-induced type B lactic acidosis in a patient with a solid-tumour cancer without hepatic metastases.