Alcoholic Ketoacidosis

AKA
Anion gap acidosis B-hydroxybutyrate main ketone not picked up on urine
Usually chronic alcoholic vomiting reduced food intake
often no impairment GCS differs from HONK

Pathogenesis
Complex gluconeogenesis limited via inhibition pyruvate carboxylase
Dehydration increase in catecholamines and cortisol further stimulate ketone production
Poor renal perfusion impairs ability excrete ketones
Often element of lactate acidosis

Differential
DKA
Ingestion ethylene glycol,methanol
Salicylate intoxication

Treatment	
Fluids	Saline good with some glucose
Thiamine	Pabrinex
Electrolyte replacement	K and Mg normally