A 67-year-old man developed metabolic alkalosis during treatment with bumetanide for diuretic therapy. The man, who had hypertension and diabetes, presented with hypoxia due to COVID-19 pneumonia. He was hospitalised and intubated for hypercapnic respiratory failure. Because of worsening dyspnoea, he was started on bumetanide drip (dosage and route not stated) on day 34 of admission; however, due to diuresis with bumetanide, bicarbonate concentration (HCO₃⁻), partial pressure of carbon dioxide (paCO₂) and arterial pH increased. On day 46 bicarbonate concentration reached 70 mEq/L, causing severe metabolic alkalosis.

The man’s bumetanide treatment was stopped. His condition improved. Subsequently, he developed acute kidney injury, oliguria and azotaemia with a rise in serum creatinine. He had worsening anion gap metabolic acidosis secondary to uraemia. His COVID-19 worsened leading to acute tubular necrosis and worsening septic shock. Owing to his multi-organ failure, he was transferred to comfort care on day 51. He died after few hours due to multi-organ failure.

* Country of occurrence, reporter country and primary source country not stated. Unable to contact author.

Chen Etchison E, et al. SEVERE RESPIRATORY ACIDOSIS AND METABOLIC ALKALOSIS IN A PATIENT WITH COVID-19 ARDS. Chest 160 (Suppl.): A2154, No. 4, 1 Oct 2021. Available from: URL: http://doi.org/10.1016/j.chest.2021.07.1903 [abstract]