

D-LACTIC ACIDOSIS COMPLICATION OF A SHORT BOWEL SYNDROME MIMICKING A NEUROLOGICAL DISORDER - AN UNDER-RECOGNIZED, HIGHLY TREATABLE ENTITY THAT MIGHT BE MORE COMMON THAN WE THINK

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Poster

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A 51-year-old woman with short bowel syndrome presenting with altered mental status, slurred speech, and high anion gap metabolic acidosis was diagnosed with D-lactic acidosis, a rare complication that mimics neurological disorders and improved within one week with antibiotics, hydration, parenteral nutrition, and dietary modification.

KEY POINTS

- D-lactic acidosis should be considered in patients with short bowel syndrome presenting with altered mental status and high anion gap metabolic acidosis with normal lactate, as it often mimics neurological disorders and can be challenging to diagnose in acute settings.
- The patient had 40cm of small bowel remaining after previous resection and presented with weakness, fall with femoral fracture, and neurological symptoms initially suspected to be stroke, but imaging was normal and D-lactic acid assay was markedly elevated above 300 units.
- Key management includes antibiotics to address bacterial fermentation of carbohydrates, intravenous hydration, parenteral nutrition, electrolyte correction, and mandatory specialist dietitian involvement for low carbohydrate diet; severe cases may require dialysis.
- The patient reported high carbohydrate diet and regular alcohol intake for several weeks prior to presentation and achieved remarkable clinical improvement within one week of treatment with Rifaximin, dietary modification, and supportive care.

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