



# DISTAL (TYPE 1) RENAL TUBULAR ACIDOSIS

visualnephron

## PATHOPHYSIOLOGY:

Dysfunction of the distal nephron resulting in impaired  $H^+$  secretion into the urine along with impaired  $HCO_3^-$  generation as a result of drugs (eg. amphotericin, lithium) or systemic disease (eg. SLE, Sjögren's syndrome).

## RESULT:

Metabolic acidosis from both reduced  $HCO_3^-$  generation and reduced urinary  $H^+$  secretion causing inability to maximally acidify urine (ie. urine pH remains  $>5.5$ ). Decreased distal nephron  $K^+/H^+$  exchanger activity results in hypokalemia from urinary potassium wasting.

	Type 1 RTA	Type 2 RTA	Type 4 RTA
$HCO_3^-$	↓	↓	↓
Urine pH	$>5.5$	$<5.5$	Usually $<5.5$
Serum K	↓	↓	↑

$HCO_3^-$  = bicarbonate;  $H^+$  = hydrogen;  $K^+$  = potassium