

## Fluid, electrolyte, and acid-base disturbances in Liver Disease

### Key Points:

- If kidney ammonia excretion is increased, it leads to a condition in which metabolic acidosis cannot be mitigated by hepatic bicarb production via urea cycle
- Most important variables for albumin production are dietary protein intake and interstitial osmotic pressure sensed by hepatocyte
- Hormonal regulation of Bile formation:
  - Secretin - stimulates basal bile formation and flow
  - Gastrin - increases bile formation and flow
  - Somatostatin - decreases bile formation and flow
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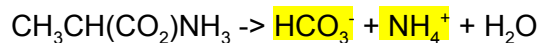
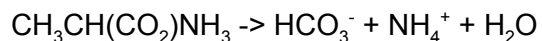
### Bile formation: Composition and flow

- Active transport of osmotically active solutes into canaliculus provides the driving force for bile flow
- Formation into micelles (due to bile acids) prevent the highly concentrated solutes of bile acids from exerting a large osmotic pull within GI tract
- Speed of flow and systemic hydration status will impact the thickness of bile
- High bicarb concentration
  - Influenced by secretin
- Hormonal regulation
  - Secretin - stimulates basal bile formation and flow
  - Gastrin - increases bile formation and flow
  - Somatostatin - decreases bile formation and flow

### Ammonia processing

- Ammonia is detoxified by conjugation to glutamate or aspartate and conversion into urea
- Ammonia sources include
  - Portal blood 25%
  - Catabolism of proteins, peptides and amino acids 75%

### Ammonia generation role in acid/base:



- At physiologic pH, only 1% of  $\text{NH}_4^+$  exists in form that can donate proton
- Therefore, protein and amino acid processing leads to alkalosis, but ammonia detoxification prevents systemic changes in pH
- Kidneys can also process and excrete  $\text{NH}_4^+$ , but do so in a way that does not generate bicarbonate. Therefore:

- If kidney ammonia excretion is increased, it leads to a condition in which metabolic acidosis cannot be mitigated by hepatic bicarb production via urea cycle

## Albumin

- Liver has tremendous safety margin for albumin production
- Most important variables for albumin production are dietary protein intake and interstitial osmotic pressure sensed by hepatocyte
- Most albumin is in the interstitial space
- More significant acute hypoalbuminemia is associated with crystalloid fluid dilution

## Factors Influencing Albumin Homeostasis

### ↓ Albumin Synthesis

#### Nutritional Effects

- Starvation
- Malnutrition
  - ↓ Protein intake
  - ↓ Protein: ↑ calorie intake
  - ↓ Branched chain amino acids

#### Hormonal Effects

- ↓ Thyroxin
- ↓ Insulin
- ↓ Glucocorticoids
- ↓ Catecholamines
- ↑ Glucagon

#### Other Systemic Influences

- Interleukin 1 and 6: Acute phase
- ↓ Functional hepatic mass
- ↑ Perisinusoidal oncotic pressure
- colloid infusion, hyperglobulinemia

### ↑ or Normal Albumin Synthesis

#### Nutritional Effects

- Adequate protein/calorie intake
- Branched chain amino acids (especially tryptophan)

#### Hormonal Effects

- Insulin            Thyroxine
- Glucocorticoids
- Lack of negative feedback
- Hepatocellular CA

### ↑ Distribution

- ↓ Plasma colloidal osmotic pressure

- ↑ 3rd space fluid accumulation: edema/pleural and abdominal effusions

### ↑ Loss

- Protein losing enteropathy (PLE)*  
1° gut disease, vasculitis, lymphatic disease  
portal or lymphatic hypertension

- Protein losing nephropathy (PLN):*  
amyloid, glomerulonephritis

- Severe cutaneous losses:* burns, exudative dermatitis

- Therapeutic centesis:* ascites, repeated large volume

### Altered Rates of Albumin Degradation

#### ↑ Degradation

Albumin infusion

Colloid infusion

Glucocorticoids

#### ↓ Degradation

↑ Synthesis

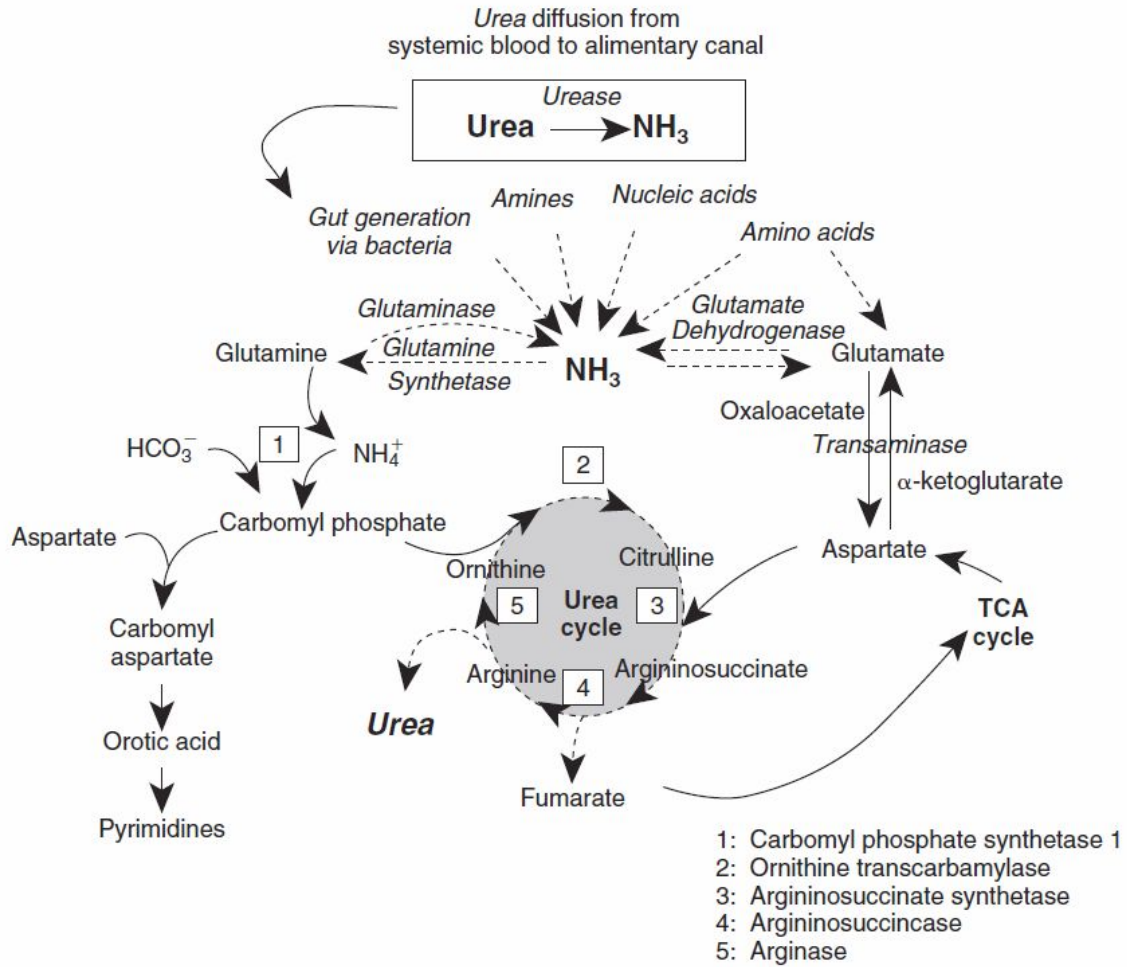
Starvation

Malnutrition

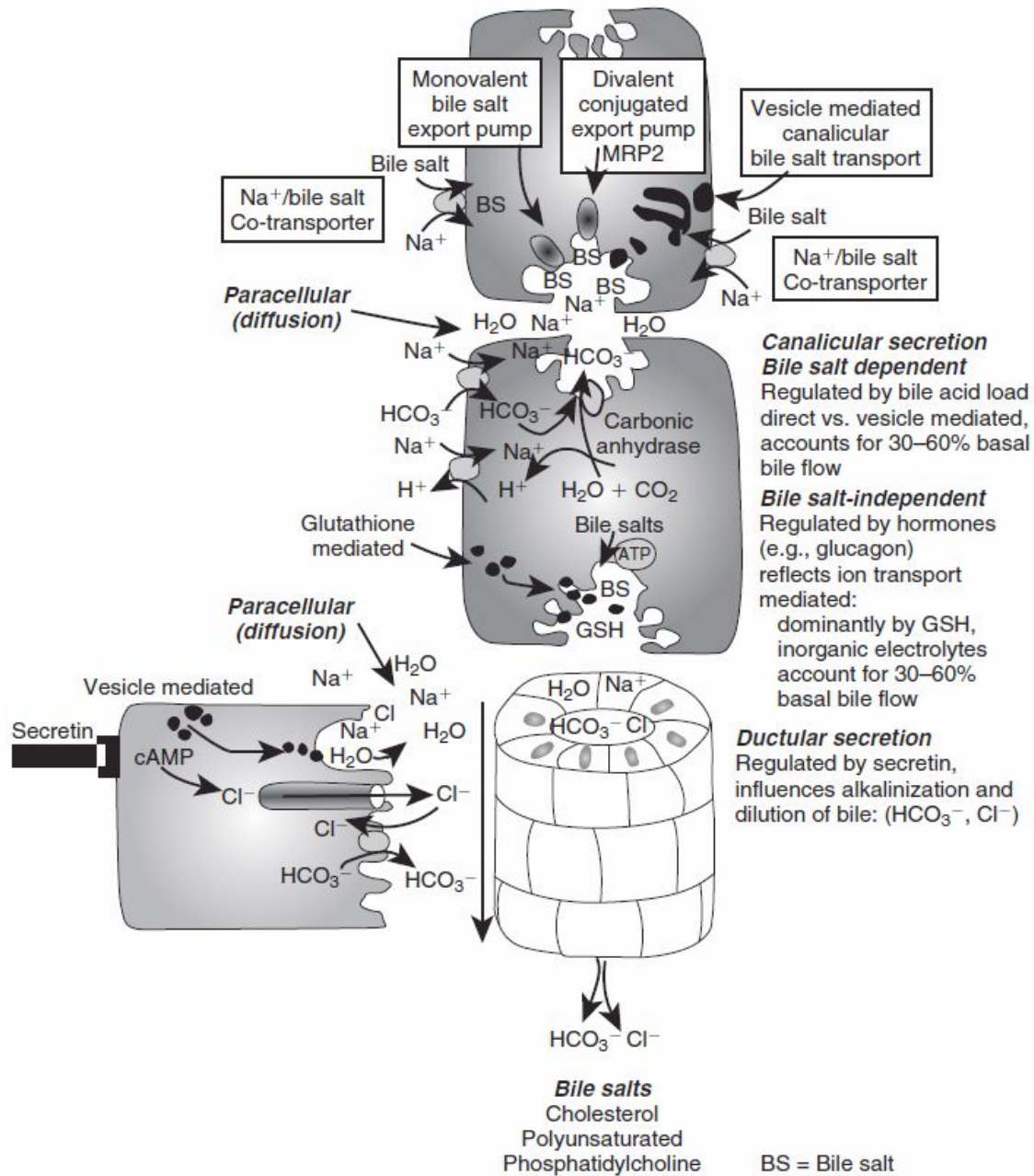
↑ External loss

Severely ↓ hepatic mass

**Figure 19-3** Factors and conditions influencing albumin synthesis and degradation.



**Figure 19-2** Diagram showing the biochemical reactions involved with nitrogenous waste production, detoxification, and elimination in the liver. See text for explanations.



Questions:

1. When processing amino acids into ammonia, and then into urea, the liver does cause a large net change in blood pH. When shifting to more urine excretion of ammonia, the pH of the blood may increase/decrease. Give a brief explanation of why.
2. Most of the albumin in the body is found:
  - a. Within the hepatocytes
  - b. Within the blood
  - c. Within the interstitium
  - d. Within muscle cells
3. Choose whether each of the following hormones increases bile excretion and flow, or decreases it
  - a. Somatostatin
  - b. Gastrin
  - c. Secretin
  - d.

## Answers

1. When processing amino acids into ammonia, and then into urea, the liver does not cause a large net change in blood pH. When shifting to more renal processing and excretion of ammonia, the pH of the blood may increase/decrease. Give a brief explanation of why.

Creation of ammonia creates bicarb along with ammonia. Ammonia is kept from donating proton at physiological pH, so bicarb is 'more' active. However, if kidneys are processing ammonia, liver is less able to produce the bicarb that can titrate acidosis

2. Most of the albumin in the body is found:
  - a. Within the hepatocytes
  - b. Within the blood
  - c. Within the interstitium**
  - d. Within muscle cells
3. Choose whether each of the following hormones increases bile excretion and flow, or decreases it
  - a. Somatostatin - decreases
  - b. Gastrin - increases
  - c. Secretin - increases (and responsible for basal production)