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EDITOR'S LETTER

Solving an Ancient Problem

Sepsis has been documented as early as Ancient Greece. The word “sepsis” originates from the Greek word “sepo,” which means “I rot,” and is first mentioned in a medical context in Homer’s poems. Hippocrates attempted to find a pharmacological response through the antiseptic properties of alcohol in wine and vinegar. The Romans believed that the syndrome resulted from invisible creatures that emitted fumes, laying the foundation for the Roman public health system, which emphasized hygiene practices. In the 1800s, Ignaz Semmelweis required medical students to wash their hands before seeing a patient, resulting in a reduction of puerperal sepsis rates to below 3%. Shortly after, Lister developed dressings with carbolic acid, leading to a significant decline in wound sepsis and deaths in his hospital. Over the past 30 years, there has been increased focus on sepsis. This issue’s **Algorithmic Insights** (p. 90) outlines a very detailed and logical approach to diagnosing and managing this condition in our veterinary patients.

WHAT WE’RE READING

In each issue, a member of our Editorial Advisory Board will share a recent open access publication, including their key takeaways and its practical conclusion.

A Review of Renal Tubular Acidosis

Kunchur MG, Mauch TJ, Parkansky M, Rahilly LJ
[doi:10.1111/vec.13407](https://doi.org/10.1111/vec.13407)

WHAT WAS INVESTIGATED? This publication describes the pathophysiology of the forms of renal tubular acidosis (RTA) and describes the various human syndromes in detail. A review of RTA in dogs and cats is also included, despite the sparse literature available for veterinary patients.

WHAT WAS FOUND?

- RTA can occur both as a primary genetic deficiency and as secondary syndromes in both humans and animals.
- A multitude of drugs, diseases, and nutritional deficiencies can cause the secondary forms.
- RTA has 4 forms: distal (type I), proximal (type II), combined distal and proximal (type III), and hyperkalemic (type IV).
- The classic diagnostic signal for types I through III is metabolic acidosis with a normal serum anion gap.
- The urine anion gap is essential for detecting the problem as distal or proximal.

TAKE-HOME POINTS

- RTA has a complex pathophysiology.
 - Understanding RTA requires understanding normal acid-base physiology.
 - Congenital and acquired diseases can be medically managed, with correct treatment resting on an accurate diagnosis.
 - Cases are best managed by clinicians with sound nephrology knowledge.
- Michael Schaer, DVM, DACVIM (SAIM), DACVECC

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