

## **Ibuprofen-Induced Renal Tubular Acidosis**



**To the Editor:** Patil *et al.* recently reported in this journal a patient with mixed renal tubular acidosis (RTA) after ibuprofen abuse. They suggested that carbonic anhydrase (CA) II inhibition by ibuprofen overdose may have led to RTA in this patient. More than 16 patients with ibuprofen-induced RTA have been reported<sup>1,2</sup>; however, these reports did not discuss the possible mechanisms of CA II inhibition by ibuprofen overdose. Greene et al.3 reported that ibuprofen can inhibit human erythrocyte CA II at more than several times to dozens of times higher concentrations than the concentrations at which ibuprofen is typically used as an analgesic. Timotheatou et al.4 previously proposed that ibuprofen, a carboxylate, directly binds to zinc through the negatively charged oxygen atoms of the carboxylate moieties, leading to CA inhibition. A recent review of CA inhibition mechanisms by Supuran showed that carboxylate compounds inhibit CA through direct binding to the catalytic zinc and displacing the bound water/hydroxide ion, anchoring to the zinc-coordinated water molecular/hydroxide ion, or occlusion of the entrance to the active site cavity. Thus, ibuprofen overdose may cause RTA due to CA inhibition through one of these mechanisms.

- 1. Patil S, Subramany S, Patil S, et al. Ibuprofen abuse—a case of rhabdomyolysis, hypokalemia, and hypophosphatemia with drug-induced mixed renal tubular acidosis. Kidney Int Rep. 2018;3:1237-1238.
- 2. Bichard L, Toh D. Ibuprofen-induced distal (type 1) renal tubular acidosis and hypokalaemia: the dangers of ibuprofencodeine combination over-the-counter preparations. Intern Med J. 2017;47:707-709.
- 3. Greene IM, Arifullah M, Kenny AD. Carbonic anhydrase inhibition by flurbiprofen and related agents. Pharmacology. 1992;45:278-284.
- 4. Timotheatou D, Ioannou PV, Scozzafava A, et al. Carbonic anhydrase interaction with lipothioars enites: a novel class of isozymes I and II inhibitors. Met Based Drugs. 1996;3:263-268.
- 5. Supuran CT. How many carbonic anhydrase inhibition mechanisms exist? J Enzyme Inhib Med Chem. 2016;31:345-360.

## Toru Watanabe<sup>1</sup>

<sup>1</sup>Department of Pediatrics, Niigata City General Hospital, Niigata City, Japan

Correspondence: Toru Watanabe, Department of Pediatrics, Niigata City General Hospital, 463-7 Shumoku, Chuo-ku, Niigata City 950-1197, Japan. E-mail: twata@hosp.niigata.niigata.jp

## Received and accepted 19 November 2018; published online 24 December 2018

Kidney Int Rep (2019) 4, 360; https://doi.org/10.1016/ j.ekir.2018.11.021

© 2018 International Society of Nephrology. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-ncnd/4.0/).

The Authors Reply: We appreciate the comment by Watanabe<sup>1</sup> regarding possible mechanisms that could be associated with ibuprofen-induced renal tubular acidosis. reviewed the suggested articles and are in agreement



that these articles do point to mechanisms of action for carbonic anhydrase inhibition. Watanabe adds to our article<sup>2</sup> by providing valuable insight into possible mechanisms at play. We also opine that based off this information, it is possible that naproxen, indomethacin, phenylbutazone, and aspirin also could behave in a similar manner, as they too have a similar chemical structure with similar carboxylate moieties.3

- 1. Watanabe T. Ibuprofen-induced renal tubular acidosis. Kidney Int Rep. 2019;4:360.
- 2. Patil S, Subramany S, Patil S, et al. Ibuprofen abuse—a case of rhabdomyolysis, hypokalemia, and hypophosphatemia with drug-induced mixed renal tubular acidosis. Kidney Int Rep. 2018;3: 1237-1238.
- 3. Rainsford KD, ed. Ibuprofen: Discovery, Development and Therapeutics. West Sussex, UK: Wiley Blackwell; 2015.

## Manisha Singh<sup>1</sup> and Michele Krause<sup>1</sup>

<sup>1</sup>Department of Nephrology, University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA

Correspondence: Manisha Singh, Department of Nephrology, University of Arkansas for Medical Sciences, Little Rock, Arkansas 72205, USA. E-mail: msingh@uams.edu

Received 8 December 2018; accepted 12 December 2018; published online 24 December 2018

Kidney Int Rep (2019) 4, 360; https://doi.org/10.1016/ j.ekir.2018.12.008

© 2018 International Society of Nephrology. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-ncnd/4.0/).