## **Deacon's Challenge** No 117 - Answer

A 75-year old patient had a convulsion four days after a partial hip replacement. She is found to have a serum sodium concentration of 108 mmol/L. Her estimated weight is 55 kg. Estimate the volume of 2.7% saline required to increase her serum sodium concentration to 125 mmol/L. State clearly any assumptions you make. (Atomic weights of sodium 23, chlorine 35.5).

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First calculate the Na concentration (in mmol/L) in 2.7% saline:

MW NaCl = 23 + 35.5 = 58.5  
2.7% NaCl = 2.7 g/100 mL = 27 g/L = 27,000 mg/L  
Concn (mmol/L) = 
$$\frac{\text{Concn mg/L}}{\text{MW}}$$
 =  $\frac{27,000}{58.5}$  = 462 mmol/L

Next calculate the amount (in mmol) of Na required to correct the plasma sodium. Assume:

- Patient is fully hydrated without water excess
- The defect is simple Na depletion
- Hyponatraemia is NOT due to SIADH otherwise inappropriate natriuresis will occur and administered Na will not be retained
- All administered Na remains in the ECF
- . The water in the saline solution is excreted so does not affect ECF volume

Assume normal body water content of 55% (for a female) and that a third of this is in the ECF. Therefore for a body weight of 55 Kg:

ECF vol = 
$$55 \times \underline{55} \times \underline{1} = 10.1 \text{ L}$$

Target rise in plasma Na concn = 125 - 108 = 17 mmol/L

Total Na required = Target rise (mmol/L) x ECF vol (L)  
= 
$$17 \times 10.1 = 172 \text{ mmol}$$

Finally, calculate the volume of 2.7 % NaCl required:

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## **Question 118**

Your laboratory has recently changed assays for HDL cholesterol. A bias study established that the relationship between the new assay (y) and the old assay (x) is described by the formula y = 1.07x + 0.06. Given between-day imprecisions of 2.3% for the new assay and 2.8% for the old assay, and assuming a within-subject biological variation of 7%, determine whether an apparent increase in a patient's HDL from 0.8 to 1.0 mmol/L following the matched thange represents a true increase. method change represents a true increase.

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## www.cityassays.org.uk

Whole blood 6-thioguanine nucleotides (6-TGN) and 6-methylmercaptopurine (6-MMPN)

This assay is increasingly requested in patients being treated with thiopurine drugs especially in:

- Treating patients with a low TPMT activity
- Suspecting non-compliance
- Failure to respond to standard doses of drugs









Turn round target: 2 working days

Address for samples: Clinical Biochemistry City Hospital Dudley Road Birmingham 818 7QH