INTRODUCTION
The Warburg Effect is a rare cause of Type B lactic acidosis seen in certain hematologic malignancies. The diagnosis is challenging, often necessitating work up of other life threatening disorders. Acute Myeloid Leukemia associated with Type B lactic acidosis is extremely rare with only a handful of cases reported in literature.

CASE PRESENTATION
75-year-old male
PMHx: Chronic Myelo-Monocytic Leukemia transformed to Acute Myeloid Leukemia two months prior
Chief Complaint: Incidental finding of high anion gap metabolic acidosis at clinic visit.
HPI & Physical: s/p 2 cycles of Venetoclax + Decitabine.
Day 28 marrow: decreased but persistent blasts.
Patient asymptomatic. Noted to have Kussmaul breathing and pallor

Vitals: Normal. No tachycardia, hypotension or hypoxia.
Labs:
Hgb 7.1
Hct 20.6
WBC 1,900 [21% blasts]
Platelets 42,000
HCO3 11
Anion gap 22,
Uric acid 11.3
Venous pH 7.33.

Lactic acid:
4.9 \rightarrow 12.9 \rightarrow 1.5 after chemotherapy
‘7+3 regimen’ of Cytarabine + Anthracycline.

CONCLUSION:
The presence of lactic acidosis in an otherwise asymptomatic and stable patient should alert one of the possibility of the Warburg Effect and workup for a hematologic malignancy. Prompt initiation of chemotherapy leads to rapid resolution of the lactic acidosis.

REFERENCES: