In this paper, dr. Harper and colleagues describe the case of a 70-year old patient with metformin intoxication.

I have a few serious concerns:

• What was the metformin serum level on admission and how rapidly did the metformin serum level decline under the influence of CVVHDF?
• Which levels of blood flow, filtration flow and dialysate flow did the authors use
during CVVHDF and for which time period was CVVHDF performed?

• What was the patient’s CO2 level on admission?

• As described by Protti et al (Crit Care 2010;14:R22), biguanide drugs such as metformin may exert their effect by impairing hepatocyte mitochondrial respiration. Recently, several authors demonstrated that metformin also inhibits mitochondrial respiration in tissues other than the liver (Brunmair et al, Diabetes 2004; Zmijewski, Am J Resp Crit Care Med 2008). Lactate formation is a symptom of the inhibition of mitochondrial respiration and therefore merely an epiphenomenon in the course of metformin intoxication. If metformin intoxication can be rapidly reversed by renal replacement therapy, in order to prevent severe inhibition of mitochondrial respiration, the patient can recover, regardless of the serum lactate level. To my opinion the current patient has survived thanks to the rapid intervention of the authors.

Quality of written English: Acceptable

Declaration of competing interests:

I declare that I do not have any competing interests.