Emergency Medicine

*659. High Altitude Pulmonary Oedema - Profile of a Rare Entity

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A series of 165 cases of High Altitude Pulmonary Oedema (HAPO) were studied at a secondary centre at Leh (ht 11800 ft). The clinical profile, investigations, treatment and response of these cases were analysed. The subjects comprised 128 (77.5%) pts between 19-35 yrs. More than 90% were re-inductees to high altitude. Dyspnoea was present in 163 (98.7%), cough in 155 (94%), of which 98 (59.3%) had expectoration. Headache was reported by 125 (75%) pts, while 75 (45.4%) had fever, and giddiness, nausea and vomiting were reported by 36 (21.8%), 29 (17.5%) and 25 (15.1%) resp. Tachypnoea was present in 148 (89.6%), tachycardia in 146 (88.4%), SaO2 measurements revealed 23 (13.9%) pts had values < 50%, 62 (37.5%) had values 50-75%, and 40 (24.2%) had > 75%. Only 17 (10.3%) pts had a clear chest clinically. A polymorphonuclear leucocytosis was seen in 34 (20.6%) pts. All pts had abnormal chest radiographs, 28 (16.9%) had unilateral findings, and 110 (66.6%) had right sided predominant abnormalities. The ECG was normal in 19 pts, 146 (88.4%) had ‘p’ pulmonale, 122 (73.9%) had sinus tachycardia and right sided strain was seen in 9 (5.4%) pts. All the pts recovered with 40 (24.2%) being given recompression therapy. To conclude, this study emphasizes dyspnoea and productive cough as the hallmark presenting complaints in HAPO. Tachypnoea, tachycardia, headache and fever are common. SaO2 readings are indicators of severity. Crackles on auscultation are diagnostic. Leucocytosis may be seen, while an abnormal radiograph is a diagnostic hallmark. The ECG may show non specific or right atrial abnormalities. Irrespective of the severity, recovery is the usual outcome.

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