

High Altitude Pulmonary Edema

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A 29-year-old male, resident of Azad and Jammu Kashmir, working at a high altitude post in the Gilgit region of Pakistan, presented with sudden onset non-productive cough and breathlessness for 3 days. He was immediately moved to a low-lying station where he was given supplemental oxygen and once stabilized, was sent to Military Hospital, Rawalpindi, for further treatment. On auscultation, he had bilateral crackles. His complete blood count, liver function tests, renal function tests and electrocardiography (ECG) were normal. Revealed chest X-ray was consistent with bilateral pulmonary edema with numerous small confluent air space consolidations that spared a small region in the apex of left lung. Based on clinical and imaging studies, patient was diagnosed with high altitude pulmonary edema. Oxygen was administered and



Nifedipine, 20 mg every six hours, was given to lower the pulmonary arterial pressure. He recovered completely and was discharged two days later.

High altitude pulmonary edema (HAPE) is a life threatening situation that usually occurs after the first 4 days of ascent above 2500 metres [1]. The main symptoms include dry cough, dyspnea and extreme lethargy and fatigue. On examination, tachycardia, tachypnea and bilateral lung crackles are commonly found [1]. Chest X-ray typically shows numerous small confluent airspace consolidations that spare the

apices and most of the lung cortex [2]. Treatment includes rapid descent to sea level and oxygen supplementation [1]. If done adequately and in a timely fashion, complete recovery can be expected.

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