

ACUTE MOUNTAIN SICKNESS AS A CAUSE OF FATAL ACCIDENTS

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International Congress of Mountain Medicine

Crans-Montana, April 10-14, 1991

Mountaineering experiences of climbers in our collect

Group	I	II	III
Age (ys, average)	26-33 (29.5)	24-45 (31.5)	33-45 (40)
Duration of practising mountaineering (ys)	6-17 (9.5)	6-25 (13.5)	1-20 (8.25)
Excursions in the mountains over 6000 m	0	0-3 (0.58)	0-1 (0.25)
Excursions in the mountains 4000-6000 m	2-4 (3)	1-5 (3)	1-3 (1.5)

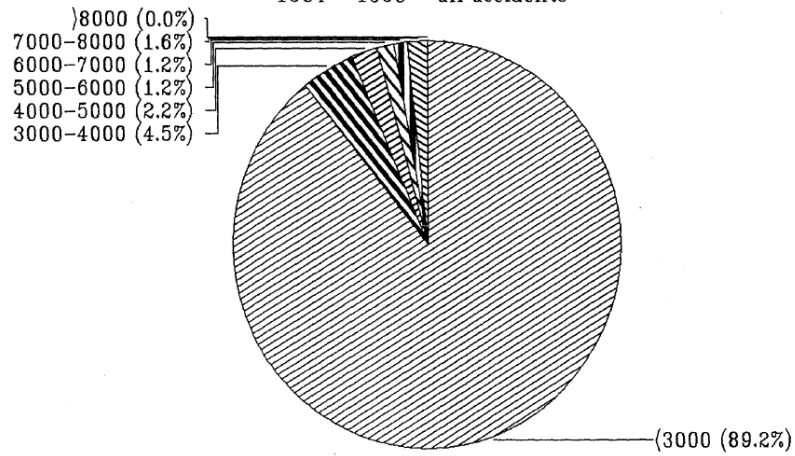
Group I: Acute mountain sickness was a cause of death. Number: 4.

Group II: Influence of the elevation in combination with other afflictions led to death. Number: 14 (AMS+fall+polytrauma, AMS+hypothermia, AMS+missing, etc.).

Group III: Acute mountain sickness caused serious symptoms with long-lasting unconsciousness. Number: 4.

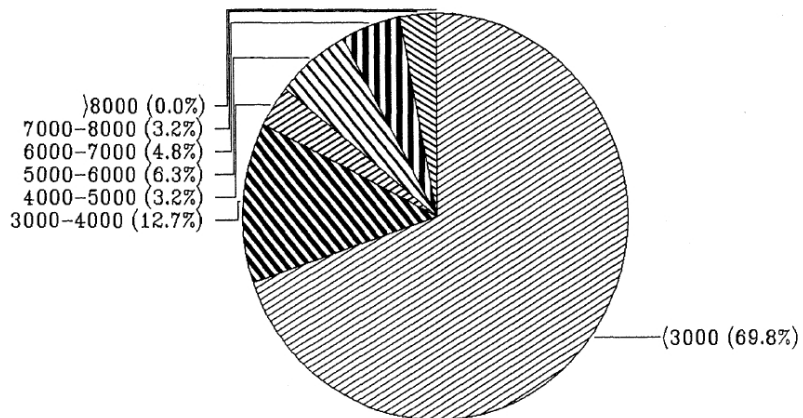
FATAL ACCIDENTS AT HIGH ALTITUDE

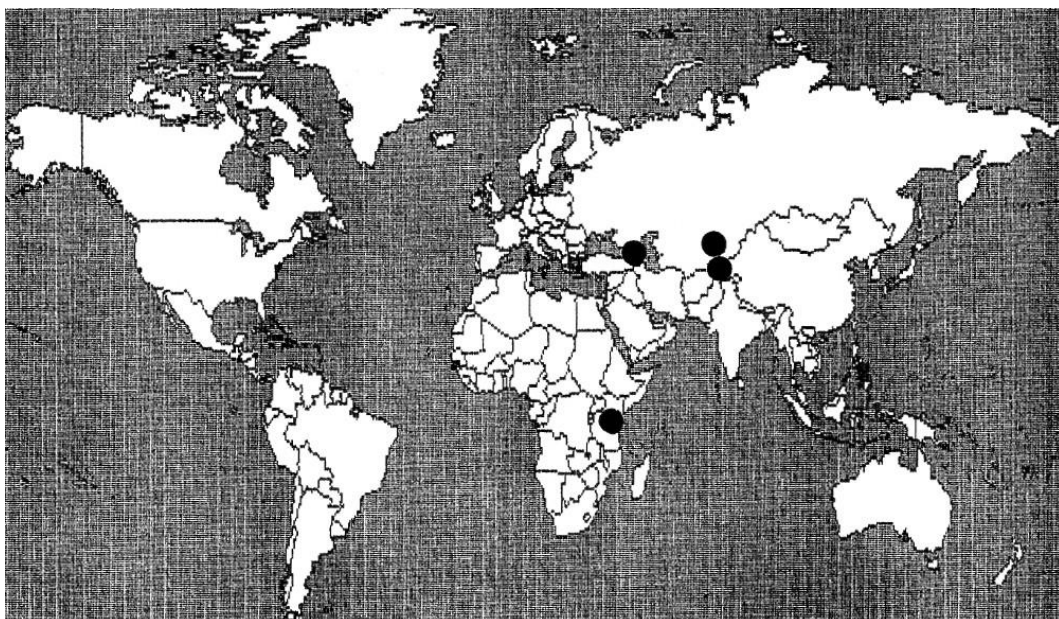
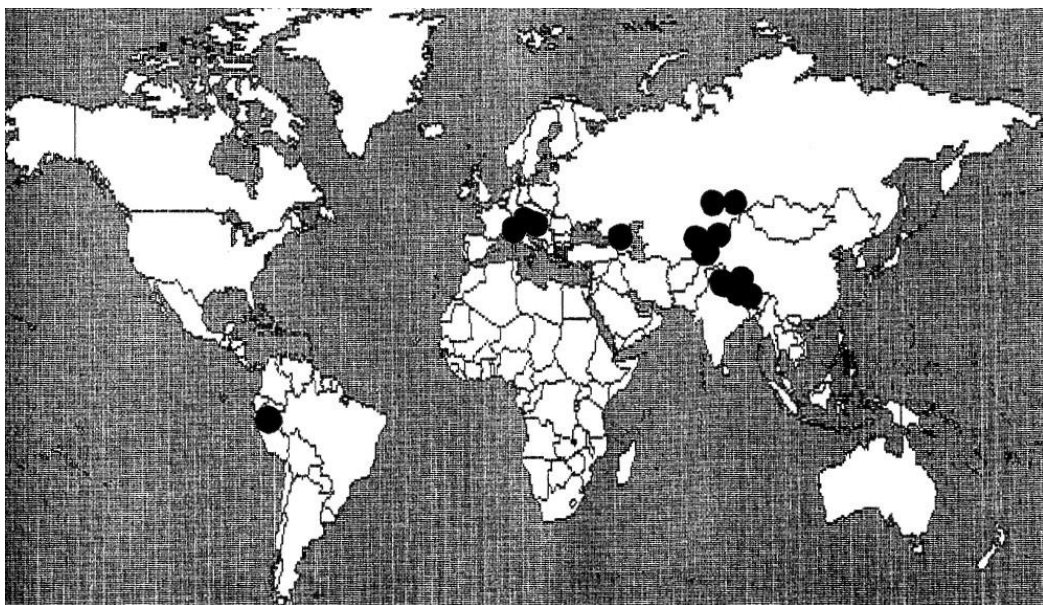
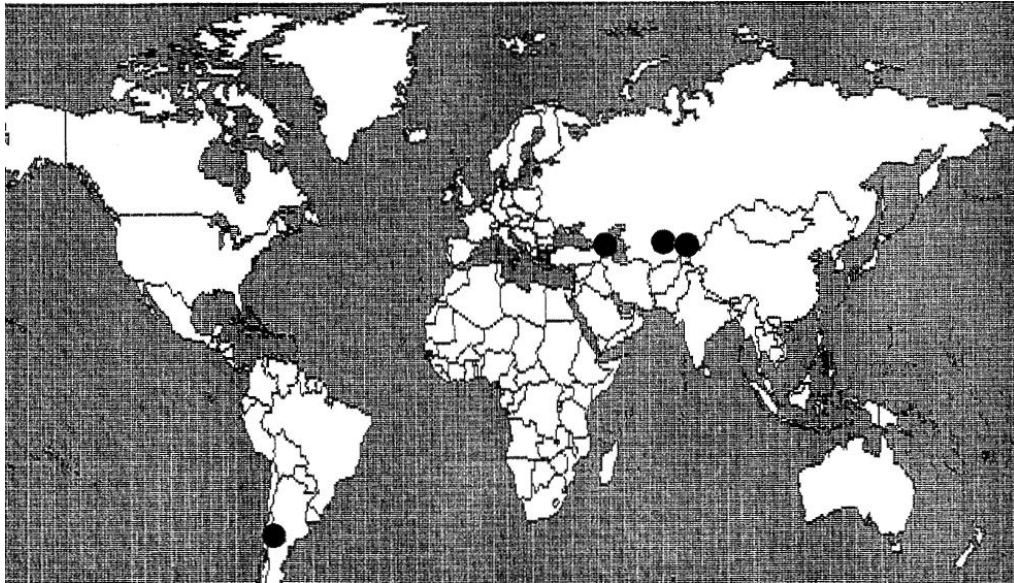
1984 - 1990 all accidents



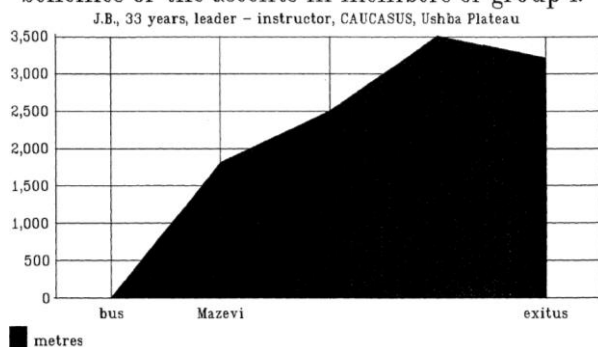
FATAL ACCIDENTS AT HIGH ALTITUDE

1984 - 1990 fatal accidents



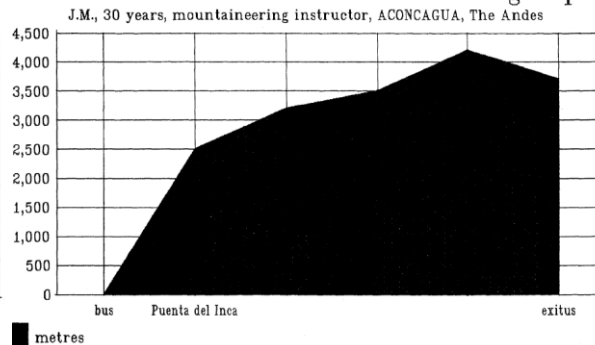


Schemes of the ascents in members of group I.



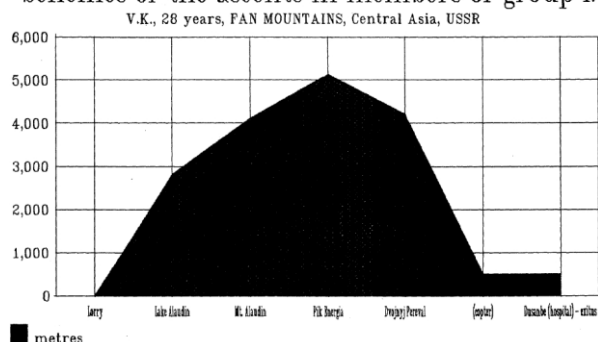
During 36 hours, he ascended 2 000 height metres (without sufficient acclimatization).

Schemes of the ascents in members of group I.



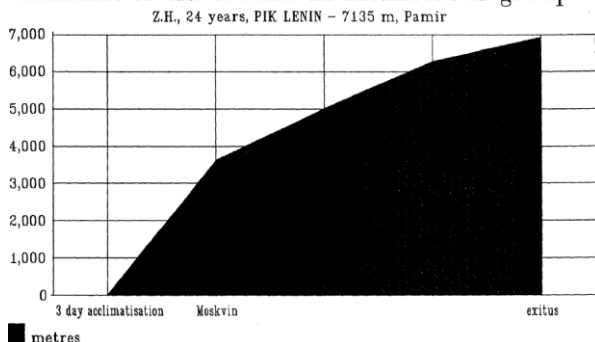
During 57 hours, he ascended to the elevation of 4 200 m above sea level and overcame 1 700 m height difference. For small inclination of the terrain the rapid descent was not possible.

Schemes of the ascents in members of group I.



Rapid ascent under insufficient acclimatization. He exceeded 2 300 height metres during 36 hours. By occurrence of symptoms of AMS he has been “resting” a day long in a saddle at 4 200 m having not attempted to descend.

Schemes of the ascents in members of group I.



During 60 hours, he overcame 3 300 m to the elevation 6 900 m above sea level. He absolved only 3 days’ acclimatization and made a part of the ascent by helicopter. He possessed an “outstanding” physical condition.

Analysis of Causes of Fatal Accidents in Members of Our Collect

A. Common causes of the development of AMS

- Faults in acclimatization

- Uncritical view of the mountaineer

 - Time and financial pressures

 - An “outstanding” physical condition

 - Euphoria as a symptom of benign AMS

 - Characteristic of climber’s personality

B. Concrete situations in our collect

On the ground of an “outstanding” physical condition in a young unexperienced climber it came to “competition” with his older and experienced mate, and as a result of it to extraordinary rapid ascent. Immediately after occurrence of sudden dyspnoea death followed under symptoms of the lung edema...

During the last phase of ascent to the summit of 8 000 metres mountain in Himalaya one climber began to complain of aching frost-biting his hand. For that purpose, he was urged to descent. He was descending alone with sharp pain and then followed the fall in exposed terrain...

During the final attack of an 8 000 metres summit in Himalaya one climber began to complain of growing toothache. He wasn’t able to suppress pain, and so he descended quickly and alone with intense pain. Then occurred a slip and fall in an exposed place...

During an ascent to 7 000 metres summit in Himalaya two experienced climbers didn’t keep the planned tactics of ascent, and didn’t even built the last camp during the final attack to the summit. For insufficient acclimatization, they proceeded in this phase conspicuously slowly. During a descent, the fall to the glacier followed...

During a rescue operation of a mountaineer stricken by serious form of AMS (with dyspnoea, somnolence, kept on the oxygen from a bottle) two members of the rescue party with the sick climber had to return across a summit of 7 000 metres in Tian-Shan. In a difficult terrain of the descent route there was a fall of the whole team...

During an acclimatization tour in Pamir, a striking “carefree behaviour” of a mountaineer appeared. In the next minutes, he slipped on an icy slope and was not able to begin to brake the fall in ordinary way...

After the appearance of AMS with adynamia and dyspnoea the climber was “resting” a day long in a 4 200 metres saddle in Fan Mountains in the Central Asia. The second night in this elevation the dyspnoea became worse. The he was transported per copter to the hospital, where he died...