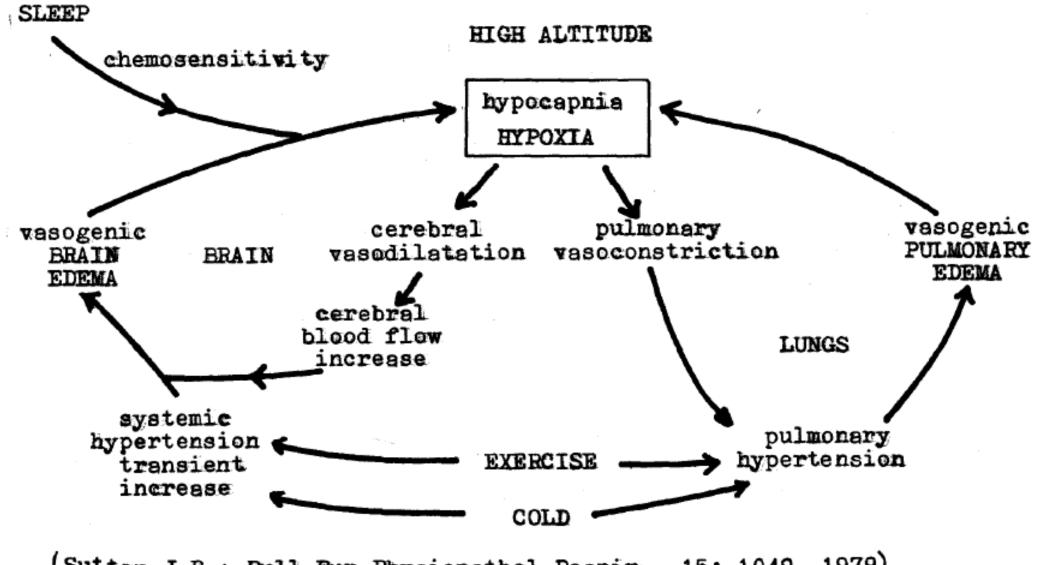
HIGH ALTITUDE DISEASE:

OUR 20 YEARS EXPERIENCE WITH HIGH ALTITUDE DISEASES AT CZECHOSLOVAK MOUNTAINEERING EXPEDITIONS European Congress on Sports Medicine Prague, 1985

I. Rotman, T. Skřička, J. Wolf, Health Board of the Czechoslovak Mountaineering Association

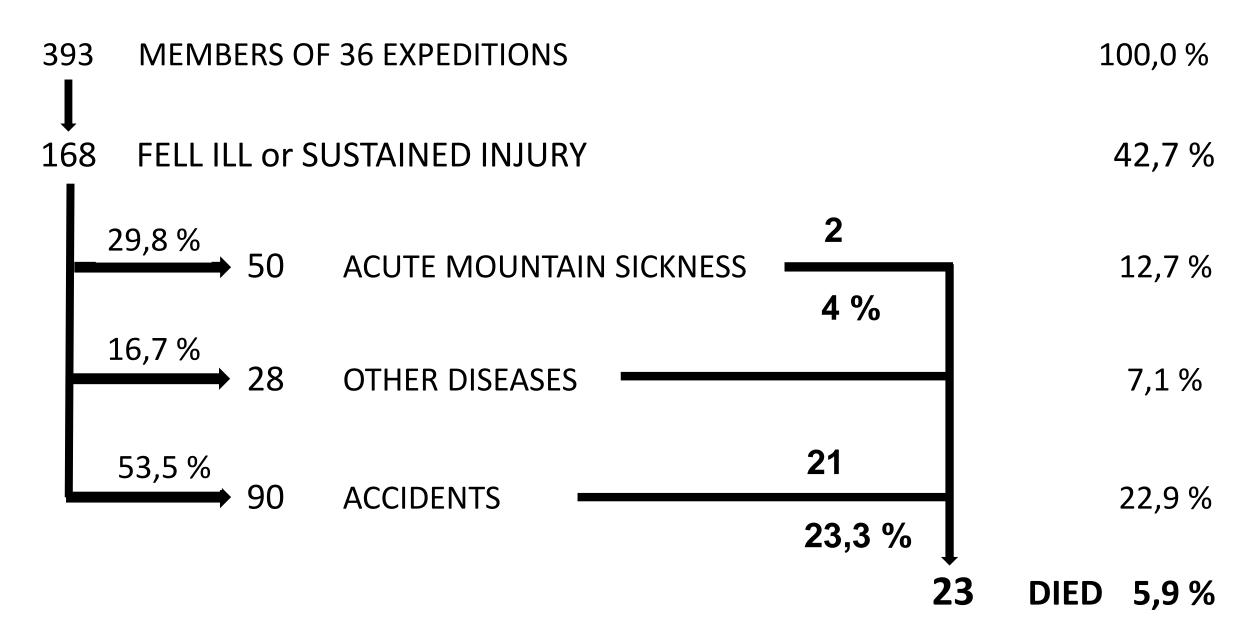
Relation of barometric pressure, air oxygen partial pressure, air TLAK temperature, air humidity and arterial bloo oxygen saturation to [kPa] [mmHg] the height HIGH ALTITUDE DISEASES AND COMPLICATIONS OF THE STAY IN HIGH MOUNTAINS sycení tepenné krve 100-100 + 760 15 **1** 100 kvslikem ACUTE ALTITUDE SYNDROMES OTHER ALTITUDE RELATED PROBLEMS 700 80 10-90 COLD INJURY: FROSTBITE ACUTE MOUNTAIN SICKNESS teplota 60 5 vzduchu headache, anorexia, nausea 600 HYPOTHERMIA 80 vomiting, weakness, insomnia 80 0 HIGH ALTITUDE CEREBRAL EDEMA THROMBEMBOLISM 70 20severe headache, staxis, drowsiness abnormal behaviour, hallucinations thrombophlebitis -5 500 cerebral and pulmonary 0-1 -10 60 률60thrombosis coma 400 -15 HIGH ALTITUDE PULMONARY EDEMA NZdu tlak "HIGH ALTITUDE COUGH" dyspnes at rest, cough, audible rales white or pink frothy sputum, cyanosis 50 vzduchu -20 HAEMORRHOIDS 1축⁴⁰⁻ 40 300 MIXED FORMS: CEREBRAL AND PULMONARY vlhkost -25 SOLAR KERATOCONIUNCTIVITIS vzduchu HIGH ALTITUDE CEREBRAL ASTHENIA relativní 05 -30 30 200 SUBCUTANEOUS EDEMA -35 20 HIGH ALTITUDE DETERIORATION irritability, weight loss, fatigue -40 parciální 100 insomnia, decreased work performance 10 tlak kysliku - above 6 000 m where permanent -45 adaptation is not possible 0 0 CHRONIC MOUNTAIN SICKNESS (MONGE) Mount Everest Mexico City VÝŠKA La Paz Auconquilcha [m.10³] Mont Blanc

PATHOPHYSIOLOGY OF HIGH ALTITUDE DISEASE



(Sutton, J.R.: Bull.Eur.Physiopathol.Respir., 15: 1049, 1979)

Health Risks at Czechoslovak Mountaineering Expeditions



PHYSICAL AND MENTAL HEALTH AND FITNESS medical and laboratory examination, exercise ECG maximal oxygen uptake, anaerobic threshold hypoxia tolerance - exercise tolerance

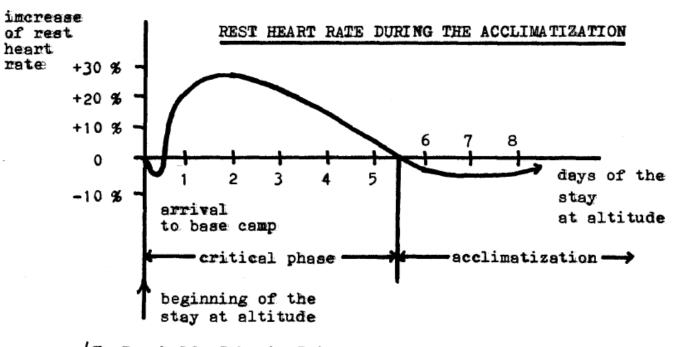
- hypocapnia tolerance
 - ventilatory response
 - mental performance

SLOW ASCENT: 300 - 600 m/24 hrs

SUFFICIENT NUTRITION WITH FLUID INTAKE 5 - 8 LITRES A DAY diuresis 1000 ml/24 hrs

COLD PROTECTION

DESCENT OR RAPID TRANSPORT OF THE PATIENT TO LOWER LEVELS, OXYGEN



(F. Berghold: Schweiz.Zeitschr.Sportmed., 30: 5-12, 1982)

