High Altitude Pulmonary Edema in a Healthy Highlander Porter: A Case Report from Nepal

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Introduction

High Altitude Pulmonary Edema (HAPE) is a form of non-cardiogenic pulmonary edema that develops due to rapid ascent of a non-acclimatized person from lowland to altitude more than 2500m. HAPE in porters is pretty uncommon with only a few cases reported till date.

Case Discussion

We report a case of 24-year porter, otherwise healthy with the ascending history from Lukla (2840m) to Pengboche (3980m) on day 1, Pengboche (3980m) to Pheriche (4240m) in day 2, and Pheriche (4240m) to Gorakshep (5140m) on day 3 presenting to Pheriche Aid Post on day 4 with shortness of breath at rest and with activity, cough with froathy sputum, headache, dizziness, and fatigue. On examination, he was tachypneic, tachycardic, with decreased breath sounds on the left side, and had no focal neurological deficits. His oxygen saturation was 40 percent, and his 2018 Lake Louise Acute Mountain Sickness (AMS) score was 8. Based on his clinical picture, a diagnosis of HAPE with moderate AMS was made. He was managed with oxygen support via face mask, nifedipine, acetazolamide, and ibuprofen at the aid post. Furthermore, he was advised for rapid descent to Kathmandu where he was managed further. A week later he was medically clear.

Conclusion

Even porters are at risk of suffering from high altitude sickness including HAPE. By increasing our consideration about high-altitude illness in porters we can more easily identify porters developing HAPE as well as other high-altitude illness and save porters from such life threatening but completely recoverable disease.

Keywords:
Altitude,
Acclimatization,
Nifedipine

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