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| dc.description.abstract | Background: The role of hyperbaric oxygen in the treatment of near hanging victims remains controversial. Mathieu et. al. have suggested that hyperbaric oxygen reduces morbidity and results in optimal outcome if started within 3 hours of the hanging. This review of near hanging victims treated at the Shock Trauma Unit of the Maryland Institute for Emergency Medical Services Systems is compared to the experience of Mathieu et. al. Methods: We examined MIEMSS data on hanging and near hanging through retrospective chart review and review of Trauma Registry data prior to January of 1993. Preliminary review disclosed forty-two case (42) cases between July 1, 1983 and January 1, 1993. Fifteen (15) patients were neurologically intact upon admission and one (1) had a Glasgow coma scale of 13. These 16 patients required no specific treatment. All others (26) had Glasgow coma scale less than 13 and were treated aggressively. Treatment included endotracheal intubation and mechanical ventilation (before or upon admission) in all cases and hyperbaric oxygen in (21). Hyperbaric oxygen treatment was variable, dictated by response to early treatment, stability of the patient and identified pathology. Population characteristics, morbidity, mortality and overall outcome observations are | en |

discussed and compared to the experience of Mathieu et. al. Results: The population consisted of 39 males and 3 females. Age range of the treated group was between 9 and 62 years with a mean of 25, median 20 and mode of 15 years. Overall mortality was 21% (9/42). All patients who died had initial Glasgow coma scale of 5 or below, one was noted to have a "central cord" lesion, and one was noted to have a C2 fracture. Length of hospital stay for survivors ranged between 1 and 68 days. Discharge Glasgow coma scale ranged between 9 and 15 with 11 treated patients final Glasgow coma scale 15. Seven patients with initial Glasgow coma scale of 5 or below had final Glasgow coma scale of 15. Several patients with low initial Glasgow coma scale were noted to "wake up" during their first or second hyperbaric oxygen treatment. Information sufficient to determine interval between hanging and first HBO treatment was available for 11 of 21 patients. Within this group, admission GCS ranged from 4 to 9 and discharge GCS ranged from 0 (death) to 15. All patients with delay in treatment greater than 300 minutes died while 5 patients with admission GCS less than 6 who were treated within 300 minutes achieved discharge GCS of 15. Conclusion: Near hanging (non judicial) produces a constellation of pathology that depends upon methods and duration. Hyperbaric oxygen therapy appears to have a beneficial effect upon the outcome of survivors. A comprehensive database and multicenter trial will be necessary to establish optimal hyperbaric oxygen treatment for near hanging victims.

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