

# A START TOWARD MICRONUCLEI-BASED DECOMPRESSION MODELS; ALTITUDE DECOMPRESSION

Hugh D Van Liew and Johnny Conklin\*, Barnstable, MA 02630, \*Universities Space Research Association, 3600 Bay Area Boulevard, Houston, TX 77058-3696

## 1. BIG QUESTION

What are the triggers for bubbles of decompression sickness (DCS)?

Why not develop a mathematical model based on previous microneuclei to see what it leads?

Altitude decompression is simpler than diving because there is no compression before decompression.

## 2. ASSUMPTIONS ABOUT MICRONUCLEI

- Microneuclei occur in a population of varying susceptibility (i.e., group-response modeling - the population changes or recruits).
- Microneuclei get smaller due to outward diffusion when the subject breathes 100% oxygen before going to altitude (O<sub>2</sub> prebreathing).
- Microneuclei enlarge according to Boyle's law during decompression.
- After decompression, they enlarge due to inward diffusion of nitrogen from body fluids.
- Diffusive exchanges take time.
- Microneuclei are stable so they vary in size, but lose stability if they become enlarged to their "critical nucleation radius" - then they form bubbles.

## 3. DATASET for comparison with the model

- 4,750 men in controlled altitude trials (64th Space Defense Hqs 1992-1994-95).

Scatter is large in the two panels of Fig. 1, variables other than those plotted affect the position of the points.

- There is almost no trend in panel A.

- In contrast, panel B shows a definite falling trend - risk decreases when the subject prebreathes 100% oxygen.

Note especially, the dotted exponential decay curve in panel B does not fit the trend. There is little effect unless O<sub>2</sub> prebreathing lasts more than an hour.

We infer that the dead effect of O<sub>2</sub> prebreathing is the shrinkage of microneuclei, the exponential washout of N<sub>2</sub> from tissues set up the diffusion gradient for the shrinkage.

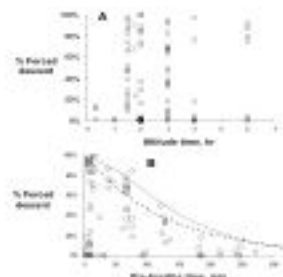


Figure 1. Percent of various DCS plotted against two of the variables, each point represents a group of from 4 to 434 men. A, duration of altitude exposure. B, length of time before exposure that subjects breathe 100% oxygen.

## 4. THE MODEL

Four independent variables

- Length of O<sub>2</sub> prebreathing before exposure.
- Exposure altitude.
- Duration of exposure.
- Rate of ascent to altitude.

Dependent variable

- DCS serious enough to require descent from altitude before the planned end of the trial (= forced descent).

Estimation of parameters

- By trial and error aided by maximum likelihood statistical analysis.

Structure of the model

Probability of forced descent =  $1 - e^{-Rt}$

-  $R$  = parameter

-  $Rt$  = cumulative risk, the product of risks due to the four independent variables

Risks for the variables are entered into the model as distribution functions

- The assumption here is that risk will cause microneuclei from the underlying population to nucleate into DCS bubbles.
- Conversely, O<sub>2</sub> prebreathing will cause fewer nucleated ones.

## 5. MODEL PREDICTIONS

Figure 2 shows the scatter of data points around the line of identity - not bad for data from various sources.

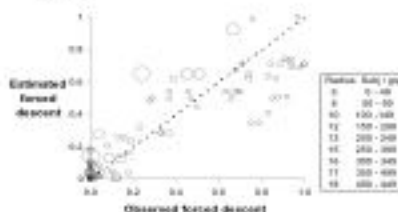


Figure 2. Accuracy of model predictions. Areas of the points give an idea of the number of subjects in the group.

For Fig. 3, we divided the dataset into three subdataset low, medium, and high percentage of forced descent DCS.

- The curves in Fig. 3 fit near the averages for the subdataset of the data.
- The S-shaped curves reflect the assumed distribution functions.

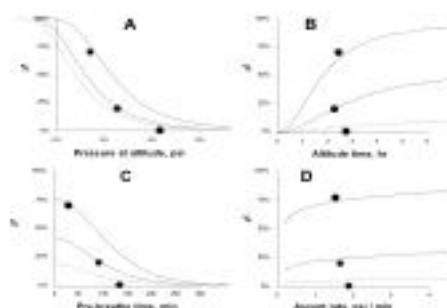


Figure 3. Curves are predictions of the model for three subdataset of the dataset, high, medium, and low risk. Black points show averages for the subdataset.

## 6. POPULATIONS OF MICRONUCLEI vs. DCS

The curves in Fig. 3 show the percentage of subjects who suffer forced-descent symptoms of DCS. Assume that the curves also reflect the number of microneuclei that become bubbles in one subject - more bubbles means more chance of DCS.

- If altitude pressure is very low, enough microneuclei can nucleate to cause 100% chance of forced descent symptoms, no matter how great the risk due to other variables is (Fig. 3A).
- Enough microneuclei can nucleate to give 100% chance of forced descent when altitude times are very long and risk due to other variables is high (Fig. 3B).
- There is a limit to how many microneuclei can nucleate when risk due to other variables is medium or low, no matter how long the altitude time or (Fig. 3C).
- As prebreathing time increases, fewer and fewer nucleations occur (Fig. 3D), after 500 min, none nucleate no matter how great the risk due to other variables is. We infer that prebreathing of O<sub>2</sub> either dissolves microneuclei or makes them too small to nucleate.
- Risk due to ascent rate tends to level off at low rates (Fig. 3D).

## 7. CONCLUSIONS

In this project, the lay of the data points vs. prebreathing time in Fig. 1B is the best evidence that populations of microneuclei are involved in DCS.

Major points

- We infer that rising DCS rate with increase of the risk variables is due to recruitment of microneuclei from the population.
- Susceptibility to nucleation varies in the population of microneuclei giving the curves in the Fig. 3 plots.
- Increase of altitude can lead to 100% DCS, no matter what the other risks are, but the same cannot be said for length of exposure or rate of ascent.
- The data indicate that prebreathing's effect is due to depressurization of nucleation, and not directly due to tissue denitrogenation.