

DEEP SKINDIVE: ENT AND CARDIOLOGICAL SPECIFIC IMPLICATIONS

Malpieri M ⁽¹⁾, Malpieri MR ⁽²⁾, Cordiano C ⁽³⁾, Alessandrini M ⁽⁴⁾, Infascelli RM ⁽⁵⁾, Zanon V ⁽⁶⁾

- (1) Sports Medicine Postgraduate Course, Medical School, University of Perugia, Italy
- (2) I.C.O.T., Diving and Hyperbaric Medicine Unit (DHMU), Latina, Italy
- (3) Cardiology Department, Medical School, University of Perugia, Italy
- (4) ENT Department, Medical School, Tor Vergata University, Rome, Italy
- (5) Santobono Pausillipon Hospital, ICU and Hyperbaric Dept., Naples, Italy
- (6) A.T.i.P. – DHMU, Anesthesiology Dpt. Add. Service, University of Padua, Italy

Authors' address: vincenzo.zanon@gmail.com



Introduction

The impressive evolution of skindive technique is unfortunately followed by concomitant significant rise in the number of diving accidents for those performing underwater fishing at more than 25 meters of water column. The clinical picture always showed is definitely superimposable to those manifestations following a DeCompression Sickness (DCS) occurrence or even an Arterial Gaseous Embolism (EGA) episode.

Aim

To evict which could be the ENT and the cardiological aspect of skindive.

Materials and methods

During 2002÷2007 we studied 150 subjects, amateur and professional skindivers.

We have expecially studied the variations in the hematological concentration of both cardiac peptide assay [ANP, BNP (see tab.1), CNP] and plasmatic catecholamine one (Adrenaline, Noradrenaline, Dopamine).

The subjects enrolled in our study underwent blood exams at pre-dive basal condition and, with a further physical and emotional stress, 5 hours after a rough sea deep skindive (underwater fishing at a 38 msw bottom bathymetry) and, also in this case, other blood exams were applied, pre- and post-dive, during some static and dynamic apnea tests that were performed in a pool.

Results

We could observe that both there are some important cardiometabolic parameters changing as it usually happens in congestital cardiac failure, in myocardial infarction and stroke, and that there is a rising frequency in "new" ENT clinical manifestations, so that a first nosologic and clinical review (expecially as per inner ear pathologies) is highly required to allow a proactive preventive attitude, or a proper treatment at least.

CASE details	BNP Basal measurement Immunofluorescent Manual Analysis (IRMA)	After surfacing value	Difference
1♂	5,67	822,45	816,78
2♂	7,81	814,23	806,42
3♂	6,21	791,66	785,45
4♂	9,32	788,41	779,09
5♂	6,64	743,43	736,79
6♂	7,74	741,65	733,91
7♂	6,98	741,24	734,26
8♂	8,31	739,87	731,56
9♂	6,15	735,55	729,4
10♂	7,25	733,98	726,73
11♂ linear skindive	6,79	13,15	6,36
12♀ linear skindive	4,14	6,55	2,41
13♂ performing the 88m constant weight ARA dive record	3,12	215,88	212,76
14♀ ARA dive	3,74	4,14	0,40
15♂ ARA dive	2,91	3,68	0,77
16♀ ARA dive	3,58	2,52	-1,06
17♂ Trimix dive	3,17	2,51	0,66
18♂ Trimix dive	4,22	26,04	20,38
19♂ Trimix dive	5,66	39,21	33,55

Table 1: Pre and post dive BNP findings



Conclusions

Thanks to the overmentioned data analysis we do evict some undoubtely important aspects about underwater physiopathology: these definitely unknown aspects seem to be able to play soon a leading role both in the comprehension of breath-hold dive human adaptive mechanisms and even in perfecting some neurological and cardiovascular clinical presentations still waiting for a proper reply from the 'official' medicine.



Poster # A15

41st UHMS Annual Scientific Meeting
26-28 June 2008, Salt Lake City - Utah - USA