

Letters to the Editor

Iatrogenic cerebral gas embolism

Drs Beevor and Frawley have helpfully added to the relatively sparse literature on iatrogenic cerebral gas embolism.¹ One piece of information that is missing, and which would be helpful for them to add, is the relationship between imaging results and outcome. Table 3 in their paper shows the number of CT and MRI scans, but contains no information as to what was seen.

I completely agree with the authors that it is unwise to delay hyperbaric oxygen therapy in order to obtain brain imaging, and I continue to preach that message. However, imaging is often performed before hyperbaric specialists are consulted, and the information obtained could conceivably be useful. Identification of prognostic indicators, which may include brain imaging results, would be helpful when making decisions as to long-distance transport to a hyperbaric facility. For example, the combined data of Benson et al² and Bessereau et al³ suggest that gas seen on brain imaging confers a poorer outcome. It would be great to see a similar analysis of Drs Beevor and Frawley's data.

References

- 1 Beevor H, Frawley G. Iatrogenic cerebral gas embolism: analysis of the presentation, management and outcomes of patients referred to The Alfred Hospital Hyperbaric Unit. *Diving Hyperb Med.* 2016;46:15-21.
- 2 Benson J, Adkinson C, Collier R. Hyperbaric oxygen therapy of iatrogenic cerebral arterial gas embolism. *Undersea Hyperb Med.* 2003;30:117-26.
- 3 Bessereau J, Genotelle N, Chabbaut C, Huon A, Tabah A, Aboab J, et al. Long-term outcome of iatrogenic gas embolism. *Intens Care Med.* 2010;36:1180-7.

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Key words

Cerebral arterial gas embolism (CAGE); clinical audit; radiological imaging; outcome; letters (to the Editor)