

At the ANZHMG committee meeting it was proposed that the ANZHMG expand its role to being the Hyperbaric Medicine section of SPUMS. This section could conjointly organise annual on-shore meetings with HTNA, rotating through each of the Hyperbaric Medical Units in Australasia. Approval from both SPUMS and HTNA is currently being sought. ANZHMG will continue working closely with SPUMS and that the above proposed meeting will be a valuable additional meeting for SPUMS members with a specific interest in Hyperbaric Medicine.

The ANZHMG is also keen both to standardise and centralise data collection for hyperbaric medical patients and units. Although much has been done on this already, such data collection is not yet fully operational and it is intended to pursue it with renewed vigour. ANZHMG continues to have increasing attendance and activity and we are looking forward to meeting in Fremantle in 1994.

David Tuxen  
Chairman, ANZHMG

## LETTERS TO THE EDITOR

### ACUTE SEVERE HYPOTENSION DURING THE VALSALVA MANOEUVRE

Hyperbaric Medicine Unit  
Department of Anaesthesia and Intensive Care  
Royal Adelaide Hospital  
2/9/93

Dear Editor,

The need for prophylactic tympanic membrane fenestration (grommets) in patients undergoing hyperbaric oxygen (HBO) therapy is questioned. However barotrauma can limit the rate of compression, maximum depths attained and patient acceptance of further therapy. The following case illustrates an unusual adverse effect of the Valsalva manoeuvre.

A 46 year old female underwent a diagnostic mediastinoscopy. This was complicated by a sudden cardiovascular collapse towards the end of the procedure. The diagnosis of gas embolism was confirmed by echocardiography, which showed air in the right ventricle.

Pulmonary catheterisation showed severe pulmonary artery hypertension. She was then treated with HBO. After treatment she was extubated but remained confused and disorientated with poor short term memory. During a second HBO treatment she complained of pain in her ear. On gentle ear equalisation she developed severe hypotension, 40 mm Hg measured by direct arterial line, which returned to normal when the Valsalva manoeuvre was terminated. This happened twice on descent. Grommets were inserted before further HBO therapy and there were no problems on descent.

Her pulmonary artery hypertension was shown by angiography to be due to complete blockage of the right pulmonary artery and a 50% reduction in the size of her left pulmonary artery. Unfortunately she did not recover from pneumonectomy.

This case illustrates a potential complication of the Valsalva manoeuvre in a critically ill patient and under-

lines the importance of continuous arterial pressure monitoring in such patients during HBO treatment.

Mikal Kluger, FRCA  
Staff Specialist

### HTNA MEETING

42/16 Bardwell Road  
Mosman  
New South Wales 2088  
14/9/93

Dear Editor,

The Hyperbaric Technicians and Nurses Association (HTNA) was recently host to the First Annual Scientific Meeting on Diving and Hyperbaric Medicine. The venue for this inaugural event was the Atrium Hotel, Darwin, Northern Territory, Australia. Guest speaker for the meeting was the highly respected Dr Roy Myers, Senior Staff General Surgeon and Traumatologist and Director of the Hyperbaric Medicine Unit at the Maryland Institute for Emergency Medical Service Systems in Baltimore, Maryland, USA. Day one centred on diving while day two concentrated on hyperbaric medicine. Day three saw the AGMs of both the HTNA and the Australian and New Zealand Hyperbaric Medicine Group (ANZHMG).

Papers were well presented by a wide selection of the hyperbaric fraternity and diving community. All Australian hyperbaric units were well represented. The topics covered during the two days were varied, ranging from diving in crocodile infested waters to hyperbaric oxygen for necrotising fasciitis.

Next year's meeting will be held on the 2nd, 3rd and 4th of September 1994 in Fremantle, Western Australia. The meeting is open to anyone interested in the subject of diving and hyperbaric medicine. For further details on next year's meeting or the HTNA contact Dave King, C/o Hyperbaric Unit, Royal Darwin Hospital, Casuarina, Northern Territory 0810.

John Brady