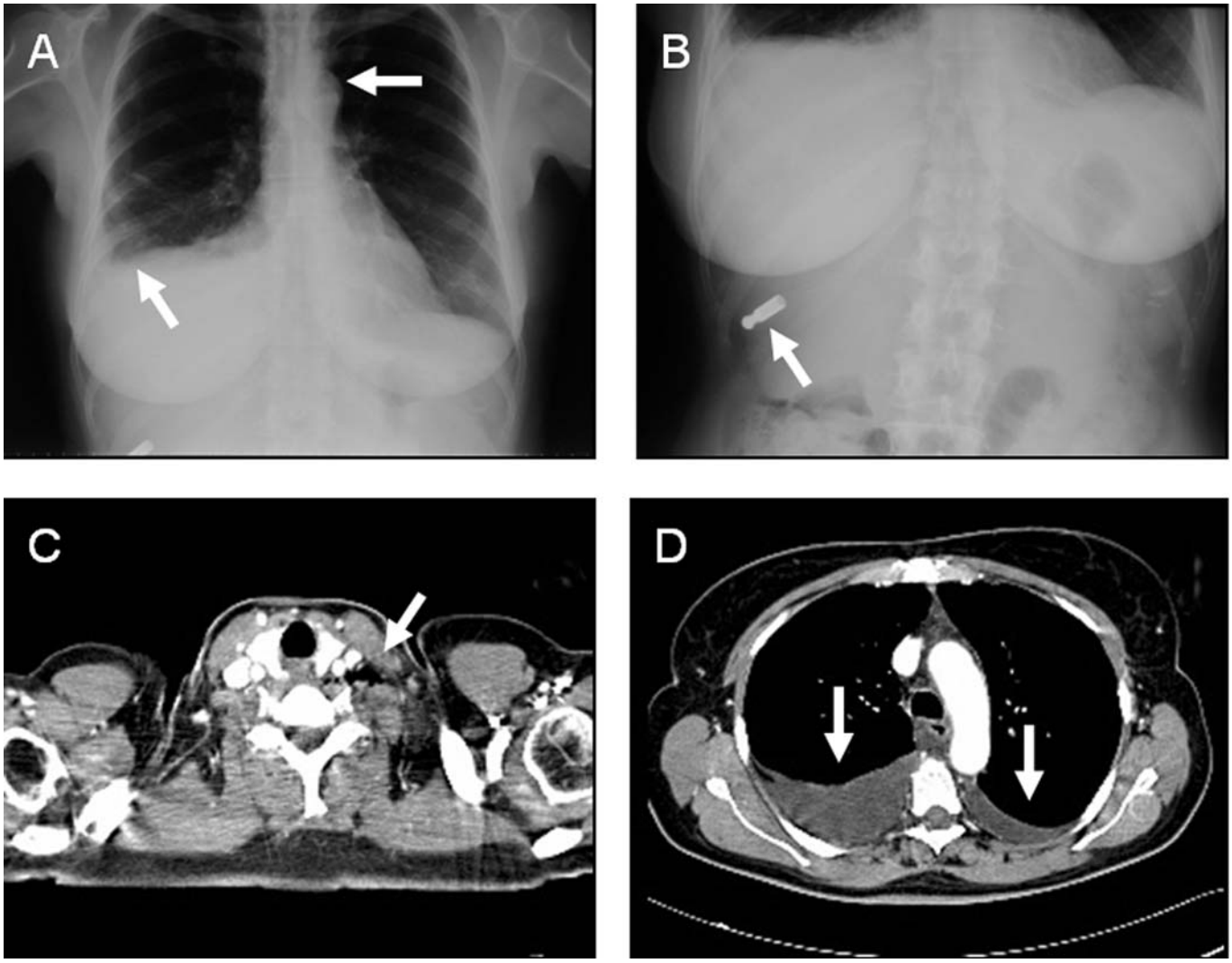
Figure (Pratticò and Perfetti).
A, Chest radiograph shows a nonwidened mediastinum and a moderate right pleural effusion; B, an upright chest radiograph (for free air) points out the foreign body in the right costophrenic angle; C, helical CT angiography of the neck: air bubbles showing the path of the tip; D, helical CT angiography of the chest illustrating bilateral pleural effusion.



IMAGES IN EMERGENCY MEDICINE *(continued from p. 177)*

Diagnosis:

The diagnosis of high-altitude pulmonary edema (HAPE) was made by history, examination, and the typical radiographic appearance of high-altitude pulmonary edema. Note the patchy infiltrates concentrated in the right mid-lung field, with sparing of the apices and supradiaphragmatic regions, as well as the normal heart size.

Early high-altitude pulmonary edema often manifests as diminished exercise performance and dry cough. Progression may then occur over a period of hours to days to include audible gurgling, blood-tinged cough, respiratory distress, and even death. The rate of progression is accelerated by cold exposure, exertion, and continued ascent. The mainstays of treatment are supplemental oxygen and rest. In the field, use of adjunctive therapies such as portable hyperbaric therapy, oral nifedipine, inhaled β-agonists, and an expiratory positive airway pressure mask may be lifesaving until descent is possible.