



AAC Publications

Severe High Altitude Illness

Alaska, Denali, West Buttress

On April 17 the “Gonna Die!” expedition team flew to the Kahiltna Glacier for a planned 21-day ascent of the West Buttress climbing route. Expedition Gonna Die! was the first team of the 2016 season to reach the 14,200-foot camp and the only expedition camped in the basin at the time of this incident.

At 11:45 a.m. on April 24, eight days after flying onto the glacier, the team contacted the Alaska Region Communication Center (ARCC) by satellite phone. The team’s text message requested immediate evacuation of a climber from 14,200 feet. The 26-year-old male was suffering from suspected high altitude pulmonary edema (HAPE) and high altitude cerebral edema (HACE). The patient had a persistent uncontrollable cough, audible fluid in the lungs, a headache, and showed signs of ataxia (loss of muscle coordination).

ARCC contacted the mountaineering rangers in Talkeetna, and at 1:17 p.m. the NPS contract H125 helicopter, piloted by Andreas Hermansky, departed Talkeetna with mountaineering ranger Joey McBryer aboard. The climber was evacuated from the 14,200-foot camp and assessed and treated for HAPE and HACE by McBryer en route to Talkeetna. The patient was then transferred to a local hospital via ambulance for further monitoring. The remaining two members of expedition descended from 14,200 feet to base camp without incident.

ANALYSIS

This case highlights the need for early recognition and descent when severe altitude illness presents. Both HAPE and HACE can quickly incapacitate a climber and make self-evacuation impossible. Early symptoms that should raise suspicion include excessive fatigue for HAPE and unresolved, worsening acute mountain sickness for HACE. In both cases, descent until the symptoms resolve is appropriate. (Source: Denali Mountaineering Rangers.)

Images

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