

Newsletter

Hong Kong Society of Occupational and Environmental Medicine

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Message from the Chairperson

Dear Members / Friends,

I am honoured to be re-elected as the Chairperson of the HKSOEM in 2008-09.

HKSOEM is a society in which doctors and other professionals interested in Occupational and Environmental Medicine join together to share knowledge and experiences. This Newsletter is a platform to facilitate communication among members. You are welcome to share with us your valuable experiences and difficulties faced in the daily practice in the Newsletter. In this edition, we are glad to have sharing from a colleague working in the Labour Department.

To be environmental friendly, all Newsletters and information on activities relevant to Occupational and Environmental Medicine will be sent to you through e-mail.

If you have not joined the society as a member, please join the family now. Any feedback and suggestions on activities related the society are welcome. Please contact Dr HK Chan, Hon Secretary, at telephone no. 21585589, fax no. 23831308 or by e-mail drhkchan@hotmail.com.

Thank you very much for your continuous support to the society.

Wish you health, happiness and prosperity in 2009.

Yours faithfully,

Dr Mandy HO

Case Discussion Corner

A fireman diver presented with chest pain after diving

A 28-year-old fireman diver presented with mild chest pain following a scuba-diving training session. He reported that he started to feel some chest tightness directly under his sternum about one hour after the diving session. There was also slight shortness of breath with a non-productive cough. He did not complain of any numbness, weakness or pain. The patient consulted A&E Department of a hospital around 12 hours after the diving session. ECG and CXR were done and they were thought to be normal. The on-call doctor of Labour

Department was called for suspected decompression illness.

The patient was seen in the Recompression Treatment Centre on Stonecutter Island. Detailed diving and medical history were taken. On physical examination, the patient was slightly anxious with no definite shortness of breath. He had a pulse rate of 74 bpm, a blood pressure of 138/85 mm Hg, a respiratory rate of 18 /min, and an oxygen saturation of 98% while breathing room air. There was no sign of tracheal deviation or subcutaneous emphysema. Auscultation of the lungs revealed normal air entry bilaterally without added sound. There was no dullness on percussion throughout the lung fields. The heart sounds were normal and the neurological examination was also normal. The CXR was reviewed again and there was feature of mild pneumomediastinum without evidence of pneumothorax. The further management of the patient was discussed with the doctor i/c of the A&E Department and the patient was transferred back to the hospital for conservative management after the discussion. The patient was then admitted into hospital for conservative management. The pneumomediastinum gradually resolved and the patient was later discharged from the hospital.

This was a case of barotrauma resulted in pneumomediastinum. Compressed air illness that is related to work is a notifiable occupational disease in Hong Kong.

The most common presenting symptom seen with pneumomediastinum is chest pain. There may be dyspnea especially if there is associated illness such as asthma and co-existing pneumothorax. The diagnosis of pneumomediastinum is confirmed by imaging studies. CXR is the most common method used to diagnose this condition. When simple pneumomediastinum is diagnosed, potentially life-threatening conditions with similar symptoms, e.g. dissecting/aortic aneurysm and angina pectoris, should be excluded.

Treatment of simple pneumomediastinum consists of careful observation, bed rest, analgesics, and administration of oxygen to hasten the process of mediastinal air absorption. Most simple pneumomediastinum will generally resolve, without sequelae, within 2 weeks.

By Dr. CHIK Wai-chi

Call for Submission

Members are invited to submit abstracts of interesting cases or other occupational health issues for release in the Case/Discussion Corner of the Society Newsletter. Views on any of the discussed cases or issues are also welcome for sharing with other members.

Submissions and feedback can be sent to Dr. Chik Wai-chi, the editor of the newsletter, at the following e-mail address:

soho-c@labour.gov.hk

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