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Response to: To Dive or Not to Dive? Use of Hyperbaric Oxygen Therapy to Prevent Neurologic Sequelae in Patients Acutely Poisoned With Carbon Monoxide

To the Editor:

We generally enjoy the Evidence-Based Emergency Medicine section of *Annals* for its concise reviews and EBEM teaching points. We read with interest the recent article on the efficacy of hyperbaric oxygen therapy to prevent neurologic sequelae in carbon monoxide-poisoned patients.¹ We found the description of and commentary on the *Cochrane Database of Systematic Reviews* to be a well-reasoned evaluation of the currently available literature. We agree particularly with the last paragraph of the commentary that states, "Based on the results of this Cochrane Review, hyperbaric oxygen therapy should not be used routinely in patients with acute carbon monoxide poisoning. Some patients, in particular those with moderate to severe poisoning, may benefit from treatment with hyperbaric oxygen."¹

However, the Take Home Message in the following paragraph directly contradicts the above conclusion as it states, "It remains unclear which patients with carbon monoxide poisoning will not require treatment with hyperbaric oxygen therapy."¹ The "not" here implies that the treatment is generally required, but this is not supported by the Cochrane Review or the previous paragraph.

This further confuses an already confusing field of study and practice. Many dissimilar studies with significant limitations have argued for and against hyperbaric oxygen therapy. While the Cochrane Review argues against routine therapy, the Take Home Message appears to argue for it.

Michael J. Matteucci, MD
David A. Tanen, MD
Emergency Medicine Department

Naval Medical Center
San Diego, CA
Division of Medical Toxicology
UCSD Medical Center
San Diego, CA

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1. Judge BS, Brown MD. To dive or not to dive? Use of hyperbaric oxygen therapy to prevent neurologic sequelae in patients acutely poisoned with carbon monoxide. *Ann Emerg Med*. 2005;46:462-464.

In reply:

Thank you for your keen observation and comments. We agree that the Take Home Message as published is contradictory. When initially submitted the Take Home Message read as follows: "Most patients with carbon monoxide poisoning will not require treatment with hyperbaric oxygen therapy. Further research is needed to define which patient subgroup, if any, will benefit from the use of hyperbaric oxygen in the setting of acute carbon monoxide poisoning." After our proof was reviewed it was felt that the initial Take Home Message should be modified slightly. Due to editorial oversight the word "not" was never deleted. Instead the corrected Take Home Message should read: "It remains unclear which patients with carbon monoxide poisoning will require treatment with hyperbaric oxygen therapy. Further research is needed to define which patient subgroup, if any, will benefit from the use of hyperbaric oxygen in the setting of acute carbon monoxide