

Letter to the Editor

Acute mountain sickness and obesity

Dear Editor,

We read with interest the article titled 'Obesity is a risk factor for acute mountain sickness: a prospective study in Tibet railway construction workers on Tibetan plateau'¹. Role of obesity, as acknowledged by the authors, has been debatable in acute mountain sickness (AMS). Authors of this study have reported increasing Lake Louise (LL) score both at 12^h and 24^h of exposure to high altitude (HA) but the incidence of AMS in two groups has not been mentioned. It would have been nice to know the incidence of AMS after acute ascent and overnight stay at HA in both obese and non-obese groups rather than increasing LL score. Also, comparison of $SO_2\%$, PaO_2 and $PaCO_2$ of AMS patients from both the groups would have given a more comprehensive perspective to the role of obesity in the development of AMS. Higher $SO_2\%$ in non-obese subjects after 24^h exposure (indicating better ventilatory compensation compared to obese) intrigued us to know their resting respiratory rate (if it was recorded) at sea-level and at HA. The same would have provided physiological co-relates for the arterial blood gas analysis of the subjects. It would also be nice to know the basis on which the authors calculated the sample size for their study. It is our humble opinion that in the absence of the above information, the data presented does not allow for the conclusion that the authors have arrived at, i.e. obesity is an important risk factor in the development of acute mountain sickness.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

1. YANG B, SUN ZJ, CAO F, ZHAO H, LI CW, ZHANG J. Obesity is a risk factor for acute mountain sickness: a prospective study in Tibet railway construction workers on Tibetan plateau. *Eur Rev Med Pharmacol Sci* 2015; 19: 119-122.

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