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LETTER TO THE EDITOR

Management of accidental hypothermia: A narrative review

Gestión de la hipotermia accidental: revisión narrativa

Dear Editor:

In the review article ''Management of accidental hypothermia: A narrative review'', Avellanas et al. summarize the current medical literature about accidental hypothermia.[1] This review article came out at a perfect timing of the year, with so much needed updated information. With the increase in the number of winter recreational sports, the United States is receiving an estimated 35 million mountain tourists annually.[2] With several winter activities combining water sports, there is a need for an annual refresher on the recommendations on the management of accidental hypothermia, including the management of those patients who developed hypothermia after cold water drowning.

In their article, it is emphasized that advanced life support must be started in hypothermic patients in cardiac arrest and underscores the need for a proper selection of the medical institution to transport these patients.[1] Hospitals with the expertise on venoarterial extracorporeal membrane oxygenator (VA-ECMO) are the preferred ones as VA-ECMO is the technique of choice to treat hypothermic patients with cardiac arrest or hemodynamical instability.[3] VA-ECMO improves the patient's survival without neurological impairment to up to 100%.[3]

Different from Avellanas' prior published work on accidental hypothermia, the focus in this review is not to discuss the pathophysiological changes during hypothermia or the different rewarming techniques. This review is in response to the two mentioned studies that revealed deficiencies in the out-of-hospital rescue team operations. The deficiencies included the lack of transfers of the victims in cardiac arrest or hemodynamically unstable, to equipped hospitals with VA-ECMO.[4] Therefore, this article highlights the out-of-hospital management and underscores the central role the rescue team plays in improving the outcomes.

There is a discussion of extraordinary cases who survived even after prolonged immersion in cold water.[1] Those discussed cases challenge the data that suggest that immersion longer than 25 min is associated with poor prognosis and could potentially be used to reconsider further resuscitative efforts.[5] This review article suggest that resuscitative efforts could be applied to a broader population, including those who were priorly believed to have a poor prognosis. The data presented in this review article may influence future modifications to the different societies' recommendations and may continue to opening discussions about the extent of the protective properties of hypothermia.

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