Letter to the Editor

Reply to letter: Neurocognitive and behavioral outcomes in a nearly drowned child with cardiac arrest and hypothermia resuscitated after 43 min of no flow-time: A case study

Sir,

We read with great interest the recent case report by Galbiati et al. on a 15-year-old drowning victim with favourable outcome despite a long period of submersion [1]. We applaud the authors for raising awareness of drowning and its treatment, but were surprised the manuscript included the term ‘nearly drowned’.

In 2003 this journal co-published an advisory statement of the International Liaison Committee on Resuscitation (ILCOR) which recommended the use of a uniform way of reporting data on drowning: the ‘Utstein Style for Drowning’ [2]. This consensus-based document was created to provide more consistency in describing drowning research and improve comparability between individual studies. In this statement drowning was defined as “a process resulting in primary respiratory impairment from submersion/immersion in a liquid medium. Implicit in this definition is that a liquid/air interface is present at the entrance of the victim’s airway, preventing the victim from breathing air. The victim may live or die after this process, but whatever the outcome, he or she has been involved in a drowning incident” [2]. The use of the term ‘near-drowning’, which was considered to be confusing, was thus abandoned [2]. For more than a decade now this ‘new’ definition of Drowning has been adopted by the World Health Organisation (WHO) and it has also been incorporated in the European Resuscitation Council Guidelines for Resuscitation [3,4].

We still do not fully understand why some victims survive a drowning incident with good neurological outcome as described in the current case report, whereas others do not. To study this, more research is needed. We believe that the use of uniform terminology describing drowning incidents is vital for good, qualitative comparisons of drowning research, and improving patient outcomes. We therefore urge all authors to describe drowning incidents using the terminology advised by ILCOR and the WHO.

Conflict of interest statement

Allart M. Venema, Jonathon Webber, and David Szpilman were involved in the development of the recently published ‘2015 Revised Utstein-Style Recommended Guidelines for Uniform Reporting of Data From Drowning-Related Resuscitation: An ILCOR Advisory Statement’.

References


Allart M. Venema
Department of Anaesthesiology, University Medical Center Groningen, University of Groningen, Hanzeplein 1, P.O. Box 30001, 9700 RB Groningen, The Netherlands

Jonathon Webber
Department of Anaesthesiology, The University of Auckland, Auckland, New Zealand

Andrew C. Schmidt
Department of Emergency Medicine, University of Florida College of Medicine-Jacksonville, Jacksonville, FL, United States

Justin R. Sempsrott
Lifeguards Without Borders, Kuna, ID, United States

David Szpilman
Sociedade Brasileira de Salvamento Aquático, Rio de Janeiro, Brazil

Ana Catarina Queiroga
EPI-Unit, Instituto de Saúde Pública, Universidade do Porto, Porto, Portugal

Daniel Graham
Rapid International Development, UK

Roberto Barcala-Furelos
REMOSS Research Group, Lifesaving and Motor Skill, Faculty of Education and Sport Sciences, University of Vigo, Pontevedra, Spain

Michael Tipton
Extreme Environments Laboratory, Department of Sport & Exercise Science, University of Portsmouth, UK

*Corresponding author.

All authors are members of the International Drowning Researchers’ Alliance, http://idra.world/.
E-mail addresses: a.m.venema@umcg.nl (A.M. Venema), jweb018@aucklanduni.ac.nz (J. Webber), andrew.schmidt@jax.ufl.edu (A.C. Schmidt), justin@lifeguardswithoutborders.org (J.R. Semsrott), david@szpilman.com (D. Szpilman), acqueiroga@me.com (A.C. Queiroga), dan@rapidinternationaldevelopment.com (D. Graham), roberto.barcala.furelos@gmail.com (R. Barcala-Furelos), michael.tipton@port.ac.uk (M. Tipton). 20 July 2017