

ity of experienced plastic surgeons is another important factor for patient prognosis.

Keywords: avulsion injury; emergency health; scalp; soft tissue loss; work injury

Prehosp Disast Med 2009;24(2):s3–s4

(A9) Case Report: Pneumomediastinum Due to Sympathomimetic Substance Abuse

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Introduction: Pneumomediastinum is caused by air entering into the mediastinum. Spontaneous pneumomediastinum is reported following sympathomimetic or hallucinogen substance abuse. This is a case report of pneumomediastinum following sympathomimetic substance abuse.

Case Report: A 25-year-old man came to the emergency department with chief complaints of chest pain and shortness of breath beginning night prior to admission. The pain was pleuretic and associated with palpitations, but was without nausea or vomiting. The patient denied any substance abuse at first. There was no past medical and family history of cardiac diseases. During physical examination, he was agitated and afebrile, but not in respiratory distress. The only abnormal finding was a mediastinal crunch. Cardiac enzyme assay and electrocardiogram were normal, except for mild sinus tachycardia. There was evidence of pneumomediastinum on the chest radiograph that was confirmed by the chest CT scan. The serum amylase and barium meal were normal. The patient confessed to sympathomimetic substance (crystal) abuse the night prior to admission. The patient was under observation and was admitted for 24 hours, then was discharged. There were no complications in a follow-up visit.

Conclusions: Pneumomediastinum caused by amphetamines, ecstasy, methamphetamines, and/or crystal has been previously reported in the literature. The probable mechanism initially is alveolar tearing causing pulmonary interstitial emphysema. This tearing can be due to various mechanisms causing transmural pressure differences. The Valsalva maneuver to increase the euphoric feeling and high levels of physical activity also increases the alveolar pressure. As a result, air entering the pulmonary interstitial space passes to the mediastinum through leakage via bronchovascular layers. Treatment is supportive.

Keywords: alveolar tearing; crystal; pneumomediastinum; substance abuse; sympathomimetic

Prehosp Disast Med 2009;24(2):s4

Keynote 3

Consequences of Economic Crises

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In October 2008, the world realized the credit crisis that had flowed from the United States sub-prime housing crisis was not another financial correction or market fluctuation, but the harbinger of the greatest international recession since the 1930s. International governments are pouring trillions of dollars into their markets, banks, and economies to free up credit and bolster their financial situation, much of it too little or too late to prevent the resultant recession, collapse of companies, and increasing unemployment.

Given the experience of previous economic crises, health services, particularly in developing countries, are likely to be the first impacted. As global trade declines and overseas development assistance falls, millions more will be pushed into poverty. This will exacerbate the current worsening humanitarian situation, produced by double digit food inflation, and increased fuel prices in many developing countries, which, in 2008, already has increased the number of malnourished people by 44 million people. This situation will place increasing pressures on currently under-resourced health services that are likely to deteriorate further.

The effects on disaster health and disaster response are manifold. Investments in disaster medical capabilities will continue to fall in both developed and developing countries, as general health budgets tighten and priorities are refocused on perceived core operational services. This may flow into an increasing reluctance of developed countries to provide disaster and humanitarian assistance outside their borders, and become increasingly focused on domestic issues.

However, disasters are not going to decrease in frequency or size. The impact and number of natural disasters continues to rise and technological disasters also may increase in frequency, particularly if industry's focus on safety is adversely impacted by the financial downturn. Terrorism also is unlikely to decrease, and may become more prevalent as collapsing economies may contribute to further extremism, and potential target countries may fail to maintain or increase their security efforts.

The possibility of social unrest also may contribute to the worsening situations. Riots already have occurred in a number of countries as companies collapse and people lose their jobs. As the situation worsens and governments look for solutions, conflicts and crises within and between countries may erupt. The lessons learned from the rise of various dictators after the Great Depression and the resultant Second World War should not be forgotten.

This presentation will undertake a detailed look at the consequences of economic crises. The consequences are not necessarily all bad, as opportunities may be created or arise that will allow health services and disaster health capabilities to be enhanced further and become better integrated and more flexible at a national and international level. With good planning and enhanced relationships, disaster health response may not be a major loser in this economic crisis.

Prehosp Disast Med 2009;24(2):s4