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Air Medical Journal

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Letter to the Editor

Air Medical Transport of a 12-Year-Old Girl With Cerebral Gas Embolism Due to Helium Inhalation

Dear Editors:

It has come to our attention that a case report of cerebral gas embolism due to helium inhalation published in *Air Medical Journal* in 2023¹ described a case that had not only been previously reported by other authors at the same institution in *Case Reports in Emergency Medicine* in 2022² but also failed to recognize the prior publication. Furthermore, the report in *Air Medical Journal* did not cite an earlier report of the same condition from 2000,³ claiming that, to their knowledge, only 2 prior cases had been reported, 1 by Pao and Hayden in 1996⁴ and another by Tretjak and colleagues in 2002.⁵

The initial report of this particular case in 2022 in *Case Reports in Emergency Medicine* was published March 8, 2022, so it was likely available when they prepared and submitted the manuscript for their 2023 publication, although *Air Medical Journal* does not note dates of submission, acceptance, and publication on their articles, thereby not allowing this to be confirmed. Even if their duplicate report in *Air Medical Journal* focused on a different aspect of the individual's illness, the prior publication should have been acknowledged so that case counts of extremely rare conditions in the literature are not artificially inflated. Instead of being the third such case reported as they imply, theirs is a duplicate of the fourth.

In addition, the article published in *Air Medical Journal* reports that the patient was treated in the hyperbaric chamber "with a Navy Dive Table, which is a 2-hour treatment at 60-ft seawater depth." This differs significantly from the prior report of this case describing 6 hours 10 minutes of treatment on a US Navy Treatment Table 6. We are quite familiar with US Navy hyperbaric treatment protocols, as well as those of other navies around the world, and strongly believe the treatment administered was as described by Morales et al,² emphasizing this error so that future cases do not receive an erroneously abbreviated treatment.

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