

Then on June 6th, a climber presented with a fracture of the first bicuspid, maxillary right side. The dentin had been exposed and he was in discomfort when eating/drinking and breathing the cold air through the mouth. Cavit (temporary cement) was applied to the site with saliva as the material setting agent.

Analysis

The first case is an intriguing one, as this is not one a medic ever expects. Upon examination of the client, it was apparent the collar was bent in such a way that covering it with Cavit or wax would be of little benefit. Confirming the brace collars were to be removed in the near future, I utilized the tools available: a needle holder and a nut tool. Great care was necessary, as fracturing the enamel was a possibility. Careful manipulation eventually worked the collar into a loosened state, at which time it could be molded by the tools to curve over and off the molar. The client now has a souvenir from Denali. The cheek laceration would heal itself in time if kept rinsed and teeth brushed often. Oh, yes, don't forget to floss.

As for the second, if the fracture is completely through the tooth, or if the pulp is involved, this problem can result in a trip being ended. Cavit is a temporary material that can protect the dental tubules and smooth a fracture site. If Cavit is not available to cover a sharp edge, then a piece of emery cloth, a light file to the area, or sugarless gum will give temporary relief. In any case, an expedition would do well to keep some dental first-aid supplies in their kit. (Source: Michael W. Dong, VIP Mountaineering Ranger-Medic)

(Editor's Note: Thanks to Michael Dong for sending these forward, along with a few others. While not entered in the data as accidents, the situation is a good illustration of the need to be prepared for medical emergencies—or better yet as in this case, to avoid them by doing some preventive work.)

HACE

Alaska, Mount McKinley, West Buttress

At 1115 on June 13, Frank Brettholle (51), a member of the "Beer Run" expedition, was found unconscious by his team mates in his tent at the 17,200-foot high camp on Denali's West Buttress route. His team mates contacted Ranger Meg Perdue and volunteers who rendered medical aid and ground evacuated him to the 14,200-foot camp. After being monitored overnight there, Brettholle descended with his team to the 7,200-foot Kahiltna Base Camp on June 14. Once there, Brettholle again lapsed into unconsciousness. He was treated by Ranger Gordy Kito throughout the night and following day. Due to poor weather, Brettholle could not be evacuated until June 16, when he was taken by Air National Guard Pavehawk helicopter to Alaska Regional Hospital in Anchorage.

Analysis

This was a highly unusual case whose circumstances have not been closely paralleled by any previously known incidents on Denali. There was nothing to indicate, either in "Beer Run" expedition's acclimatization schedule or

Brettholle's physical state, his susceptibility to, nor the severity of the High Altitude Cerebral Edema he experienced. Even the previous incident of unconsciousness in the Cascades reported by his climbing partners was not necessarily pertinent to this situation, according to medical professionals. Nor did medical advisors feel there was any indication or significant risk of a relapse as was seen at base camp. For these reasons there seems little that could have been done differently to avoid this situation, though this experience will certainly now inform how subsequent cases are handled. In particular, it would be advisable to consider continuing treatment with Dexamethasone once initiated to guard against the possibility of relapse.

It is also worth noting and praising the level of commitment shown by this expedition in assisting their team mate and trying to remain as self-sufficient as possible while facing a difficult situation. They acted as a team, the significance of which should not be underestimated. (Source: Ranger Margaret Perdue)

INEXPERIENCE—PARTY SEPARATED AND UNROPED, DEHYDRATION—EXHAUSTION

Alaska, Mount McKinley, West Buttress

Just before 0600 on the morning of June 8, Alexey Volkov (27) contacted VIP Michael Dong at the 14,200-foot Ranger Camp. Volkov was concerned that one of his teammates, Sergiy Voytovych (28) had not yet arrived at camp. Dong awakened Ranger Meg Perdue to assist in determining the nature of the situation and the need for NPS involvement.

The team had started from the 11,200-foot camp the previous evening at 1900. Volkov and his other teammate, Eric Nazar (22), had last seen Voytovych just prior to Windy Corner (13,500 feet) about 0330. At that time Voytovych was 100 to 200 meters behind Volkov and Nazar and moving very slowly. Volkov and Nazar arrived at the 14,200-foot camp about 0500 and had decided to bivy in a campsite and await the arrival of Voytovych's, who was carrying the group's tent. Due to the snowy, windy conditions at that time, Volkov was concerned about Voytovych's condition, and was himself starting to become cold and unable to rest or sleep. When he contacted the rangers, Volkov expressed concern over the fact that the trail had been blowing over quickly and Voytovych was the least experienced member of the group with altitude experience only as high as 3000 meters. When asked how well the trail was wanded, Volkov stated they had placed wands. However, further questioning revealed they had only placed three wands out of the total of five they were carrying. At 0640 Nazar, the third member of the group, was brought to the Ranger Camp in an effort to gather more information and determine the ability of the team to assist their own team mate. During discussions with Volkov and Nazar, Volkov expressed his willingness to descend to look for Voytovych. However, it was pointed out to him that one of the possible scenarios for Voytovych's failure to arrive in camp was a crevasse fall, a real possibility in that area which is known for