This month was a blast at the Wilderness Medicine journal club. We discussed a paper about exercise-induced vascular congestion at altitude and had a great informal Q&A with Dr. Pranawa Koirala, a wilderness medicine trained physician from Nepal.

Dr. Koirala discussed his experience with the Himalayan Rescue Association and at the Everest ER at Base Camp. He relayed the importance of developing practical skills in wilderness medicine and discussed how he developed his skills slowly through his work in the Himalayas. It was excellent to hear his journey into the practice of wilderness medicine.

**The punchline** **of the paper** was that, at true altitude (hypobaric hypoxia), B lines are increased from baseline just after exercise and returned to baseline in all subjects by 4 hours, suggesting that pulmonary edema worsens with exercise and resolves after 4 hours. This information is useful for mountaineers who frequently exert themselves at high altitude, suggesting that their risk for pulmonary edema decreases when they take 2-4 hour rests.

**In a liiiiittle more detail:** This small sample of patients had a baseline increase in B lines on lung ultrasound at 4000m after 6d of acclimatization. The number of B lines significantly increased immediately after a self-paced 6000m time trial on an ergometer, and these B lines returned to baseline in 2 hours for over half of the participants and 4 hours after exercise all the participants’ B lines returned to baseline. This is illustrated in the figure and table below:



