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Letter to the Editor re: Pneumocephalus and Neurosurgery in Rotary Aircrew

Dear Editor:

We read with interest the case report by Ruddick and Tomlin of pneumocephalus from unrecognized ethmoid osteoma in a U.S. Navy rotary wing aircrew member.¹ We would like to clarify some of the authors' statements that we feel are ambiguous and could be unintentionally misleading. The authors stated that a search of the literature did not reveal any previous cases of civilian or military flight crew having been returned to flying duties after pneumocephalus or neurosurgery. They also indicated no reports of any flight crew returning to flying status after a cerebrospinal fluid leak.

We wish to point out that a return to flying recommendation in such circumstances is not a unique or uncommon occurrence. We have seen or reviewed many aircrew members, both military and civilian, who have been recommended to return to aviation duties after resolved pneumocephalus or neurosurgical procedures. After any trapped air is resorbed and the pathway for its introduction into the intracranial space is eliminated, there is often either no or very minimal future risk of symptom development, and if the underlying condition is compatible with flying, selected patients may then safely be returned to flying status. Likewise, in the case of cerebrospinal fluid leakage, if the leak is sealed and is not expected to recur in the future, and if the underlying condition is compatible, selected patients could be recommended to resume flying duties. Because such situations are not uncommonly encountered by aeromedical neurology reviewers, it is then less likely that they will be reported in the medical literature, and this may account for the lack of literature search results.

We concur with the authors that pneumocephalus from a paranasal sinus osteoma is an unusual occurrence. We also agree that pneumocephalus or cerebrospinal fluid leakage from any cause warrants careful consideration before any return to fly recommendations.

Col. Roger R. Hesselbrock, USAF, MC, FS
Aerospace Neurology Consultant
U.S. Air Force School of Aerospace Medicine
Wright-Patterson AFB, OH

CAPT Edwin Y. Park, USN, MC
Neurology, Aerospace Medicine
Naval Aerospace Medical Institute (NAMI)
Pensacola, FL

John Hastings, M.D.
Neurology Consultant
Federal Aviation Administration
Oklahoma City, OK

REFERENCES

1. Ruddick B, Tomlin J. Pneumocephalus and neurosurgery in rotary aircrew. *Aerosp Med Hum Perform.* 2015; 86(1):59–61.

In Response:

I would like to thank the authors of this letter for their feedback. I am excited to be part of the conversation to make these experiences more widely accessible via publication in *Aerospace Medicine and Human Performance*.

I hope we are all able to learn more about these more common examples and even more so if they had been tested in more rigorous flight platforms.

Benjamin Ruddick, M.D.
Department of Neurosurgery
Naval Medical Center San Diego
San Diego, CA

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