



**Wilderness and Mountain Medicine
19th Annual Winter Meeting of the Wilderness Medical Society
February 5-9, 2011
The Canyons, Park City, Utah**

CALL FOR RESEARCH ABSTRACTS

Abstract Submission Deadline is January 2, 2011

The Wilderness Medical Society is pleased to announce the **CALL FOR ABSTRACTS** for the Wilderness and Mountain Medicine 18th Annual WMS Winter Meeting of the Wilderness Medical Society February 5-9, 2011, The Canyons, Park City, Utah

The poster abstracts will focus on recent research covering the entire spectrum of Wilderness Medicine. Abstracts should be submitted for poster presentations using the specific format described below. Abstract submissions must be received by January 2, 2011.

Posters should be no larger than 3-feet high by 6-feet long. Boards for presenting posters will be available at the meeting. Authors are encouraged to place their poster for viewing during the entire meeting.

All accepted abstracts will be considered for publication in the WMS journal, *Wilderness & Environmental Medicine*.

To request more information on the 2011 WMS Wilderness and Mountain Medicine Winter Meeting email us info@wms.org

WILDERNESS MEDICAL SOCIETY
Wilderness and Mountain Medicine 19th Annual Winter Meeting of the Wilderness
Medical Society
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ABSTRACT COVER

TITLE

AUTHOR(S) and DEGREE(S) Please indicate which author will present paper.

AFFILIATION(S)

MAILING ADDRESS

City

State

Zip

Phone Number

Fax Number

E-mail

I certify that this research has been approved by and complies with my institution's review committees for human and animal experimentation where appropriate. **(Sign and date.)**

SIGNATURE

DATE

Abstracts must be received by February 1, 2010

Written abstracts will be considered for publication in *Wilderness & Environmental Medicine*.

Permission is hereby granted to publish this abstract in *Wilderness & Environmental Medicine*, and I certify that I am the original author of this work. (Sign and date.)

SIGNATURE

DATE

Notification of acceptance will be sent to the principal author after February 7, 2010.

In order to process your abstract you MUST send an electronic copy in addition to a hard copy. Send an electronic abstract with the cover sheet to Dr. Tom Deloughery at delough@ohsu.edu and Jonna@wms.org. Mail a hard copy of your abstract and a signed/dated Abstract Cover to:

Jonna Barry
Editorial Office
WEM Journal/WM Magazine
1505 No Royer St, Colorado Springs, CO 80907

SAMPLE

WILDERNESS MEDICAL SOCIETY
ABSTRACT FORM
2005 Wilderness Medicine Conference and Annual Meeting
July 23 – 27, 2005

Instructions for Abstract Preparation

The abstract should be word processed, using MS Word, in 12-point Times New Roman font. The title should be in bold. **List authors' full names with middle initials and degrees. List authors' affiliations with a limit of one affiliation per author.** The body of the abstract should be no more than 300 words and must be limited to the space of this page. Do not include references, illustrations, funding sources, tables, or figures. Abstracts should include a brief introduction describing the background for the research, the objectives, methods, results, and conclusion. An example abstract is shown below.

The Effects of a 5-Lipoxygenase Inhibitor on Acute Mountain Sickness and Urinary Leukotriene E4 After Ascent to High Altitude

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Elevated urine and blood leukotriene levels have been reported after ascent to high altitude in association with acute mountain sickness (AMS) and high altitude pulmonary edema (HAPE). Zileuton is an inhibitor of the enzyme 5-lipoxygenase that catalyzes conversion of arachidonic acid to leukotrienes.

The objectives of this randomized double-blind placebo-controlled clinical trial were to determine whether zileuton (600 mg orally four times a day) is effective prophylaxis for AMS and to measure the effect of ascent to high altitude and zileuton on urinary leukotriene E4 levels.

The study group consisted of volunteers from among climbers on the West Buttress of Mt. McKinley (Denali), Alaska. After baseline urine samples at sea level, subjects flew by airplane to 2300 m, and then ascended to the 4200 m camp in 5 to 10 days.

Using an enzyme immunoassay, urinary leukotriene E4 was found to decrease after ascent to high altitude in both the zileuton and placebo groups. Urinary leukotriene E4 in the zileuton group (n=9) decreased from 67 ±35 pg/mg creatinine at sea level to 33 ±22 pg/mg creatinine at high altitude (p=0.003). Urinary leukotriene E4 in the placebo group (n=9) decreased from 97 ±82 pg/mg creatinine at sea level to 44 ±21 pg/mg creatinine at high altitude (p=0.045). One subject in the zileuton group and 3 subjects in the placebo group met Lake Louise criteria for AMS after arriving at 4200 m (p=0.257).

Elevated leukotrienes are not associated with ascent to high altitude. In subjects with AMS urinary leukotrienes were not elevated, suggesting that leukotrienes may not be a component of the pathophysiology of AMS. The low incidence of AMS and the small sample size in this study prevented determination of whether zileuton is effective prophylaxis for AMS.

WILDERNESS MEDICAL SOCIETY

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