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## A Case Report of a Severe Exertional Heat Stroke

by *Haruo Hashimoto\**

1. A case of severe exertional heat stroke is reported in this paper.  
Mr. Tomizawa, R., 17 years old highschool student, collapsed after 4 hours of regular American foot ball training on July 29, 1986. It happened on the 3rd days of the summer time training program.  
He lost consciousness and was transferred to the nearby Keiyu Hospital by ambulance. He was rescued fortunately owing to the prompt and correct medical treatment.
2. Biochemical examination of the day of the accident revealed severe dehydration (hyponatremia). The Na was 151 mEq/L, the K was 5.4 mEq/L, the Ca was 5.6 mEq/L. The WBC was 7900/mm<sup>3</sup>, the RBC was  $582 \times 10^4$ /mm<sup>3</sup>, the Hb was 18.4 g/dL, the Ht was 55.1% and the platlet was  $26.1 \times 10^4$ . The total proten was 9.5 g/dL.
3. On the 4th days of the hospitalization, the GOT reached to 2000 IU/L, the GPT reached to 2320 IU/dL. Abnormally high values of the LDH (1678 IU/dL) and the CPK (2320 IU/dL) were noticed.
4. His consciousness was comatous for several hours associated with severe general convulsions and vomiting attacks.
5. Immediate and correct intravenous administration of the fluid is one of the most important ways to rescue such a severe exertional heat stroke associated with dehydration, hyponatremia, liver function damage and central nervous system damage involvement.
6. The patient was discharged on Aug. 22, 1986, which was the 25th days of the hospital administration.

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