

Images in...

# Dry suit squeeze

Mesut Mutluoglu,<sup>1</sup> Gunalp Uzun,<sup>1</sup> Murat Eroglu<sup>2</sup>

<sup>1</sup>Department of Underwater and Hyperbaric Medicine, Gulhane Military Medical Academy Haydarpasa Teaching Hospital, Istanbul, Turkey

<sup>2</sup>Department of Emergency Medicine, Gulhane Military Medical Academy Haydarpasa Teaching Hospital, Istanbul, Turkey

Correspondence to Dr Mesut Mutluoglu, drmutluoglu@gmail.com

## DESCRIPTION

A 32-year-old scuba diver was admitted to the emergency department for distinct cutaneous lesions. Following an uneventful dive, his peers suspected of several lesions over his body pertaining to decompression sickness (DCS). After his initial assessment, he was referred to the underwater and hyperbaric medicine department for consultation.

The patient was a senior diver and denied to experience any diving accident before. On that cold day, he completed his 45 min dive to 20 m with a dry diving suit. Except for a sensation of discomfort on descent, his diving profile was unremarkable. On examination, he had multiple linear lesions located over his shoulders, upper arms, abdomen and his back, appearing in various colours of bruising; dark yellow, yellow brown and dark purple (figures 1 and 2). Neurological sign and symptoms pertaining to DCS were absent. The patient was diagnosed as dry suit squeeze.

Dry diving suits, compared with the wet ones, have the advantages of a superior thermal protection owing to an



**Figure 2** Linear lesions located over the shoulders, upper arm and abdomen.



**Figure 1** Linear lesions located over the shoulders and upper arms.

air-filled layer between the skin and the suit. However, during descent, this layer, unless inflated with additional gas will squeeze and cause progressive discomfort and pain.<sup>1</sup> Further persistence in such a dive may result in the bruising of the affected skin areas. Recognising this condition helps differentiate these lesions from other scuba-diving-related cutaneous manifestations, cutis marmorata<sup>2</sup> being the most common form, and avoids unnecessary treatment.

**Competing interests** None.

**Patient consent** Obtained.

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