

**AUTHOR'S REPLY**

We thank Drs Szawarski and Pun<sup>(1)</sup> for their keen interest in our case report.<sup>(2)</sup> We agree with the authors that causality cannot be established with certainty in this case. Our main aim for reporting this case was to highlight that headache and vomiting in an individual are common on induction to high altitude, and they are commonly attributed to acute mountain sickness and high altitude cerebral oedema, if associated with signs of neurological dysfunction. However, delayed occurrence of such symptoms in an individual who has gradual ascent to high altitude with acclimatisation should be viewed with suspicion. Such cases should be investigated for underlying serious neurological disorders, which if missed, can lead to serious adverse consequences. As pointed out in our report, haemorrhage in previously undetected small pituitary adenoma cannot be ruled out. We also agree with the authors that rapid descent to lower altitude remains the mainstay of treatment. However, where this is not feasible, hyperbaric chamber<sup>(1)</sup> or even pressurised body suits<sup>(3)</sup> can be used.

Yours sincerely,

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