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Response to Letter to the Editor by Westerweel et al., entitled 'Aspirin in the treatment of decompression sickness: what can we learn from French experience?' [Int Marit Health 2013; 64, 1: 51]

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We would like to thank Dr Westerweel and colleagues for their interest regarding our paper [1]. The purpose of our study was to report the characteristics and clinical outcome of French patients living in Paris' area and victims of decompression sickness (DCS).

We also pointed out a "French paradox": in fact aspirin is widely recommended in France in DCS treatment (whatever the symptomatology and as soon as possible) according to a clear theoretical rationale, but on the opposite, most of other countries (USA, UK, North of Europe, Asia) do not use this antiplatelet agent [2].

Indeed, it's still unclear whether there is a benefit to give aspirin to injured divers or not. International literature is scarce on this subject and only provides few experimental data, rather as preventive treatment. But to our knowledge, no data has been published regarding the role of aspirin as therapeutic agent after DCS, especially in humans [2, 3].

Nevertheless, Dr Westerweel is right to ask for potentially bleeding complications of such antiplatelet agents administration: aspirin today, Prasugrel or Ticagrelor tomorrow. While 38% of patients received aspirin on the site of accident, any of others received aspirin once admitted to our hyperbaric facility. The comparison between 2 groups of divers (aspirin vs. no aspirin) had not been performed. Nevertheless, we found no symptomatic bleeding complication in divers who received aspirin before hyperbaric facility admission, but our study lacks sufficient power to adequately evaluate the safety of aspirin administration. However, we agree with Dr Westerweel comments that in a trial evaluating the benefit of aspirin in this indication, evaluation of its safety regarding bleeding would be required.

Finally, we totally agree with the fact that a randomised clinical trial (RCT) should be realised to complete the experimental data published by Pontier and his team from Toulon, France [4]. However, such a RCT will be difficult to realise in France, because most diving accidents occur along the Atlantic and Mediterranean coasts, where aspirin is widely used on the site of the accident or diving boats. Thus, inclusion of aspirin-free victims of DCS will not be so easy.

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