

An Ethiopian pattern of human adaptation to high-altitude hypoxia

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Patterns of adaptation to high-altitude hypoxia are identified by comparing the presence (+) or absence (–) of erythrocytosis and arterial hypoxemia

| Partial pressure of inspired oxygen, % of sea level | Erythrocytosis | Arterial hypoxemia |
|-----------------------------------------------------|----------------|--------------------|
| Sea level | – | – |
| Andean (3500-4000 m) | + | + |

Data were obtained by using the mean values of hemoglobin concentration and oxygen saturation of hemoglobin of sea level populations as a point of reference, published values from Andean and Tibetan high-altitude populations at 4,000 m (12, 17, 18)

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| Sea level | – | – |
| Ethiopian (3500 m) | 64 | |
| Tibetan (3500-4000 m) | 60 | + |
| Andean (3500-4000 m) | 60 | + |

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méthodologie

population

Ambaras du plateau éthiopien (3530 m)

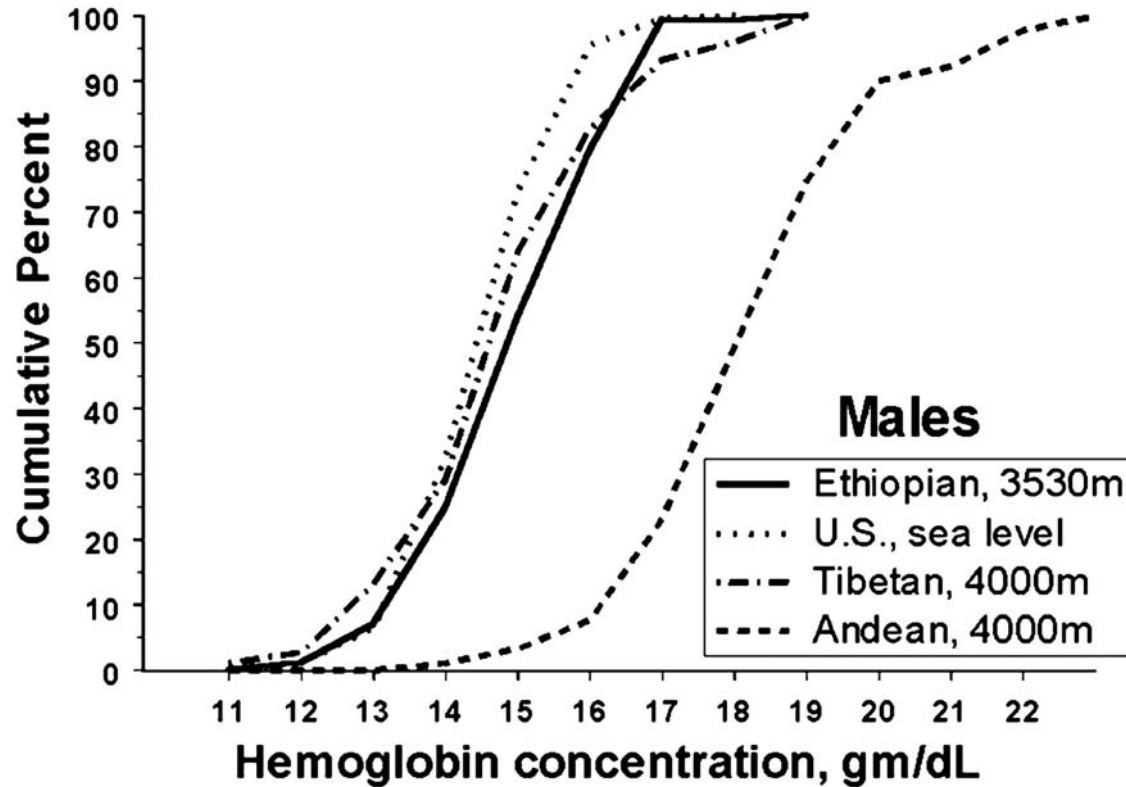
313 personnes de 14 à 86 ans
hommes et femmes, non fumeurs

analyses

concentration en hémoglobine
% de saturation de l'hémoglobine artérielle
types d'hémoglobine exprimée
concentration en EPO

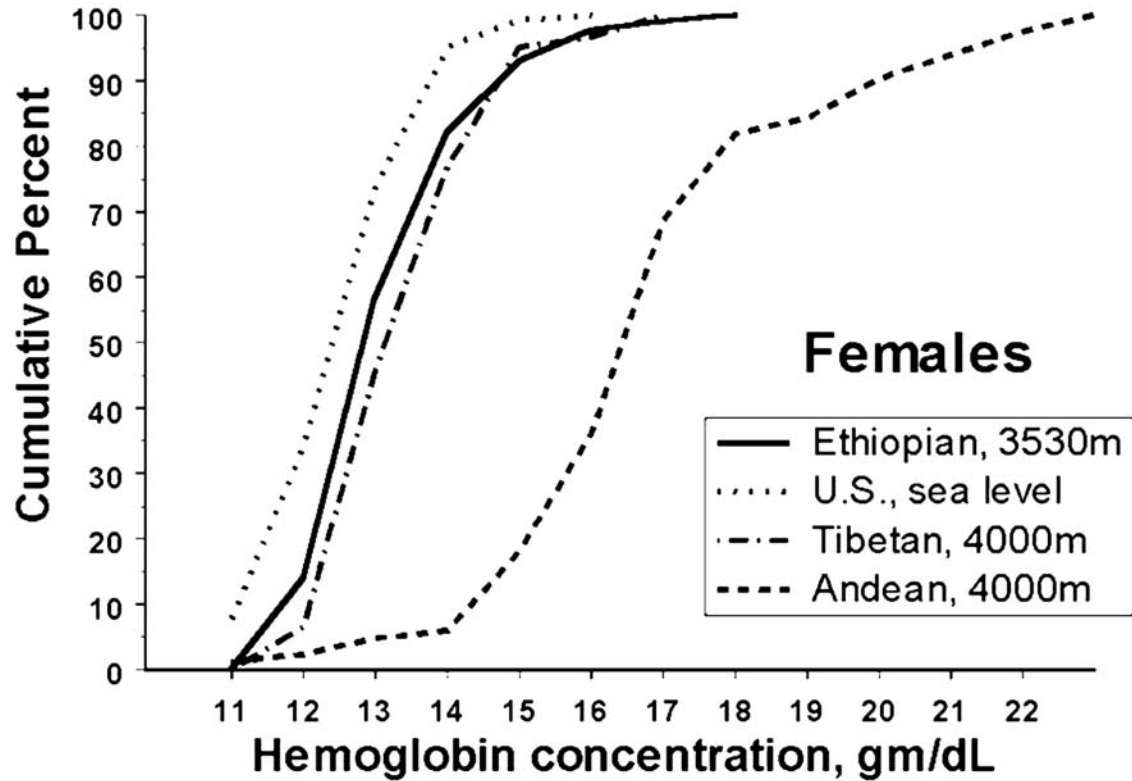
données contrôles : poids, hauteur, carence en fer, inflammation chronique, état physiologique

concentration en hémoglobine (hommes)



moyenne : $15,9 \pm 0,1$ g/dL

concentration en hémoglobine (femmes)



moyenne : $15,0 \pm 0,1$ g/dL

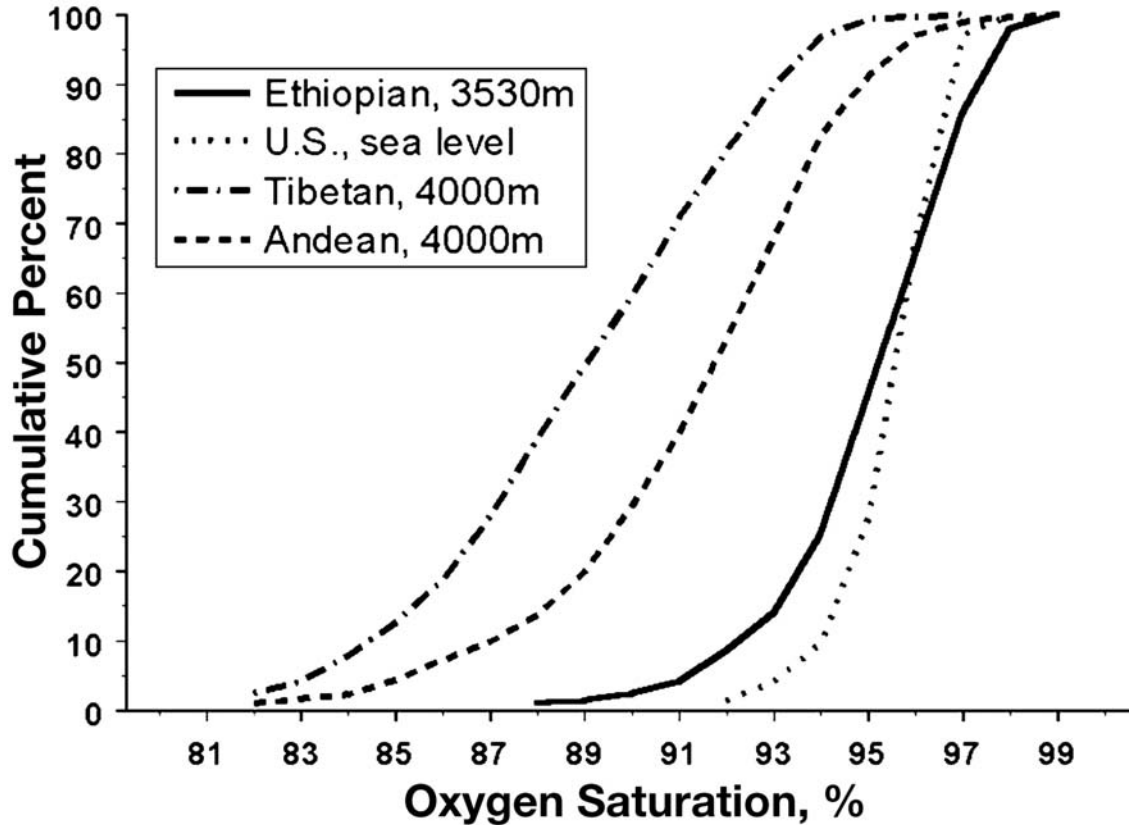
concentration EPO

niveau de la mer : **5-30 milliunités/mL**

Ambaras (3530 m) : **6,6 ± 0.3 milliunités/mL**

pas de différence entre sexes

% de saturation en oxygène de l'hémoglobine artérielle



Ambaras : $95,3 \pm 0,2$ %
Cleveland : $96,7 \pm 0,2$ %

hémoglobine A

Conclusion

altitudes : trois profils distincts :

| Partial pressure of inspired oxygen, % of sea level | | Erythrocytosis | Arterial hypoxemia |
|-----------------------------------------------------|-----------|----------------|--------------------|
| Sea level | 100 | – | – |
| Ethiopian (3500 m) | 64 | – | – |
| Tibetan (3500-4000 m) | 60 | – | + |
| Andean (3500-4000 m) | 60 | + | + |

Éthiopiens : pas d'hypoxémie ni d'hyperglobulie

explications possibles (selon les auteurs) :

affinité plus importante de l'hémoglobine pour l'oxygène :

**hémoglobine génétiquement distincte : non
modulation de l'affinité par le 2,3 DPG**

meilleure diffusion alvéolo-capillaire (?)

