

Research Article

A Case of Pneumothorax After Acupuncture

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Abstract

The patient was a 51-year-old woman. After receiving acupuncture and moxibustion, she felt dyspnea. By examination she was diagnosed with right pneumothorax caused by acupuncture and moxibustion. We immediately inserted chest tube. In the beginning, her lung was not full expansion, so we considered Video-assisted thoracic surgery (VATS). But the right lung gradually expanded, and air leaks lowered. So she left hospital. Through this case, we think that acupuncture and moxibustion is risky. It is required that reducing the number of the patient of pneumothorax after acupuncture and moxibustion. We also think that enlightenment activities are necessary.

Keywords: Pneumothorax, Acupuncture, Moxibustion, Dyspnea, Chest tube, Video-assisted thoracic surgery

Introduction

Acupuncture is the therapy using specific needles and stimulation for physical points called “keiketu or tsubo”. We reported a case of pneumothorax after acupuncture and moxibustion.

Case Study

Patient was a 51-year-old woman

Chief complaint was dyspnea

Medical history has no special notes

No Allergy

Never smoked

History of Present Illness

After receiving acupuncture and moxibustion on X-1 day, right chest pain appeared on the way home. She also had a cough and

difficulty breathing. In addition, she could not sleep on that day. When she visited a nearby doctor on X day, she was diagnosed with right pneumothorax, and was referred to our department on the same time.

Presenting Symptoms

Height was 155.5 cm. Weight was 47.5 kg. Blood pressure was 106/68 mmHg. Heart Rate is 83/min. Body Temperature was 36.4°C. SpO2 was 99% (room air). However, dyspnea and shortness of breath worsened over time. There were many acupuncture and moxibustion on the anterior chest and back. And right lung sound was decreased.

Examination Finding

Blood test showed no anemia or coagulation abnormalities. Chest X-ray showed right severe pneumothorax (Figure 1). And CT-scan showed pneumothorax, but there were no lesions caused pneumothorax, such as bulla or bleb (Figure 2).

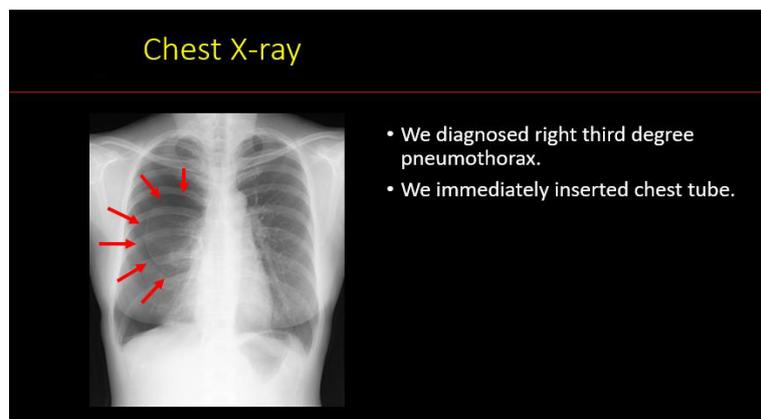


Figure 1: Illustrates the overall workflow.

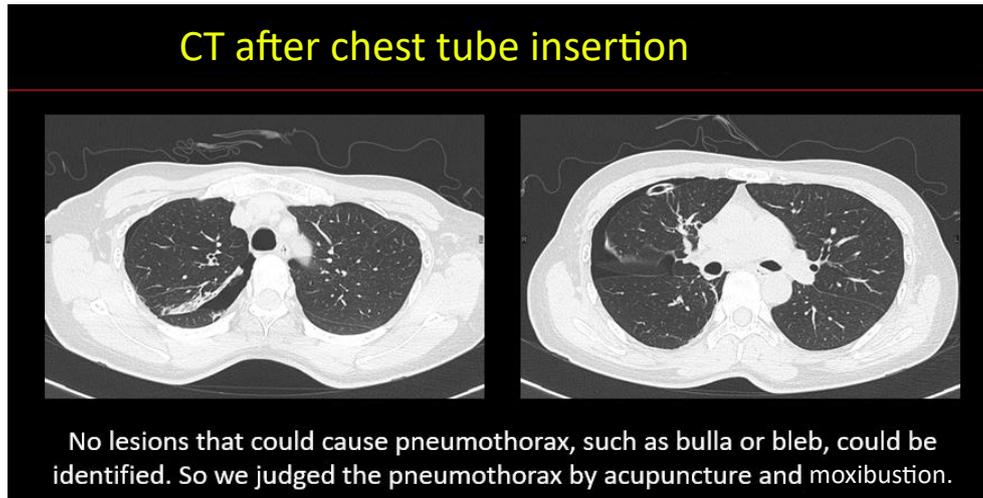


Figure 2: Outlines the retrieval-to-generation flow.

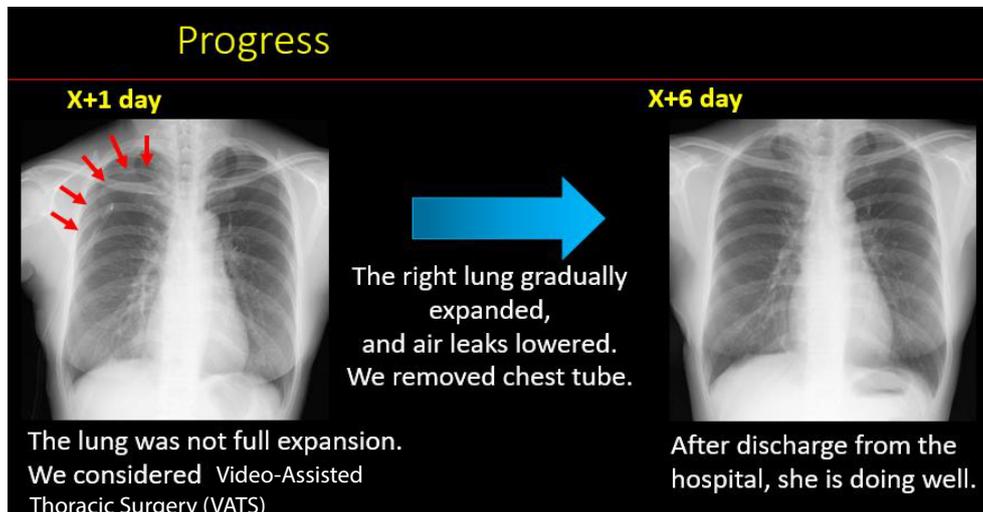


Figure 3: Progress.

Clinical Course

We diagnosed right severe pneumothorax caused by acupuncture and moxibustion, and immediately inserted chest tube. On X+1 day, her lung was not full expansion, so we considered Video-assisted thoracic surgery (VATS). But the right lung gradually expanded, and air leaks lowered. So, on X+5 day, we removed chest tube. On X+6 day, she left the hospital (Figure 3). And after discharge from the hospital, she is doing well.

Discussion

In our case, acupuncture and moxibustion caused right severe pneumothorax. There are other cases of pneumothorax after receiving acupuncture and moxibustion, also the case of bilateral pneumothorax has been reported [1]. And the patients of bilateral pneumothorax often have a fetal course, furthermore the patients sometimes die [2,3]. In addition to pneumothorax, adverse events such as infections [4,5] and organ damages including the heart [6] have been reported. As other adverse events, neurological damage [7], skin damage [8] and chylothorax [9] have been known.

As examples of pulmonary disease, which is easy to cause pneumothorax by acupuncture and moxibustion, asthma, emphysema and pulmonary fibrosis are mentioned [1]. Also, it has been reported that the safety length of acupuncture penetration is 8-26 mm in the anterior chest and 20 mm on the back [1]. In our case, because we heard that it was approximately 40 mm deep from the patient, and we could not find a primary illness which could cause pneumothorax on CT scan, we predicted that over safety length of acupuncture penetration cause pneumothorax. Although our patient has been doing well by insertion chest tube, it is generally known that pneumothorax caused by acupuncture is more severe than other pneumothorax because of the inflow of air into the chest cavity through the acupuncture hole and the larger hole in the lung [1]. Also, there are reports that the use of lung ultrasound is useful for rapid diagnosis and therapeutic intervention for pneumothorax at the bedside [10,11]. In our case, the patient had a unilateral pneumothorax, and tension pneumothorax or hemopneumothorax could not be detected, so a chest X-ray could be taken. But if there was an urgent need, there was a way to consider the use of a lung echocardiogram. In addition, if it was a tension pneumothorax, it would have been necessary to consider

degassing based only on examination findings. In order to reduce pneumothorax after acupuncture and moxibustion like our case, we think that enlightenment activities for people are also important. For example, one way is to create a consent form and a explanation sheet used in medical practice.

Conclusion

We experienced a case of pneumothorax after acupuncture and moxibustion. In order to reduce the number of the patient of pneumothorax after acupuncture and moxibustion, we think that enlightenment activities are necessary by using a consent form and a explanation sheet used in medical practice.

Conflict of Interest

There are no companies, organizations or groups with COI status to disclose related to this paper.

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