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Acupuncture associated pneumothorax

A 31 year old man attended our accident and emergency department complaining of shortness of breath and right chest pain on climbing the stairs at home shortly after acupuncture treatment to his longstanding painful right shoulder one hour earlier. The

acupuncture included needle insertion to the right scapular region, one of the needles caused sharp pain on insertion. The patient had no significant medical history and he never smoked.

On examination, he was not in any distress and his vital signs were normal. Examination of the chest suggested reduced air entry in the right apex but was otherwise normal. An erect PA chest radiograph showed a 5% right apical pneumothorax. The patient was discharged home with pneumothorax advice and a one week follow up chest radiograph was arranged but the patient failed to attend as he was asymptomatic.

Acupuncture is among the most popular of all complementary or alternative therapies. It is an invasive therapy and it is not free from risks for the patient. The style of acupuncture differs between cultures. The Chinese style acupuncturists tend to insert needles deeply into the muscles, while the Japanese style entails insertion into the subcutaneous tissues. Recent systemic reviews of the adverse events associated with acupuncture concluded that minor adverse events may be considerable but serious events were rare.^{1–3} The most common adverse events were needle pain, tiredness, and bleeding. Faintness, syncope, and needle breakage were uncommon. In Japan it is not a rare practice to intentionally break and permanently retain needles with risk of needle migration and organ damage. Pneumothorax was rare, occurring only twice in nearly a quarter of a million treatments, it is estimated that a pneumothorax would be expected to occur once in every 41 years

of full time practice. Cases of bilateral pneumothoraces including bilateral tension pneumothoraces have been reported.⁴ Other serious events such as spinal cord injury, hepatitis B, fatal bacteraemia, delayed cardiac tamponade, haemothorax, and pseudoaneurysm seem to be uncommon in standard practice performed by adequately trained acupuncturists.

We feel that this case shows the potential serious adverse events associated with acupuncture and must be thought of in patients receiving such therapy.

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