

**TRAUMATIC COMPLICATIONS OF ACUPUNCTURE**

Dear Sir,

I would like to make a few comments regarding the case report, "Bilateral pneumothoraces as a complication of acupuncture":<sup>(1)</sup>

(1) The authors reported that the patient received needling at the acupuncture point BL 131, it should be (Feishu) or otherwise known as BL 13.

(2) The authors mentioned the use of "plum blossom" as a form of stimulatory procedure. It should be "plum blossom needle".

(3) The authors stated in the report that "acupuncture is strictly defined as insertion of a thin, solid, metallic needle into the body". As the practice of traditional Chinese medicine (TCM) and the registration of TCM practitioners in Singapore are governed by the TCM Practitioners Act, it is important that the medical doctors should be aware of what constitutes the practice of acupuncture under the law. Acupuncture, as defined under the TCM Practitioners Act (chapter 333A) means "the stimulation of a certain point or points on or near the surface of the human body through any technique of point stimulation (with or without the insertion of needles), including through the use of electrical, magnetic, light and sound energy, cupping and moxibustion, to normalise physiological functions or to treat ailments or conditions of the human body".<sup>(2)</sup>

(4) The authors also mentioned that acupuncture is a surgical procedure. I think it is more appropriate to call it an invasive procedure.

(5) I agree with the authors that to avoid pneumothorax during acupuncture requires a clear understanding of the actual position and borders of the pleurae and lungs and the thickness of the soft tissue covering them. However, I fail to see why patients who are on steroid and patients with active cancer have increased risks of developing this complication (if the abovementioned precautions are observed).

(6) I would also wish to highlight that the onset of organ damage related to acupuncture treatment can be delayed, due to migration of the needle fragment left behind in the subcutaneous tissue (either intentional or unintentional). There is a recent case report of pneumothorax resulting from a migratory acupuncture needle inserted five years earlier.<sup>(3)</sup> Migration of needle fragments has also been reported to be responsible for spinal cord and spinal nerve injuries.<sup>(4,7)</sup> If such needle fragments are observed on radiological examination, the patient should be informed and be followed-up (if it is considered not advisable to remove the fragment surgically), as migration of such fragments to distant sites can occur in the future.<sup>(8)</sup>

Lee Tat Leang

Department of Anaesthesia  
National University Hospital  
5 Lower Kent Ridge Road  
Singapore 119074  
Tel: (65) 6772 4200  
Fax: (65) 6777 5702  
Email: analeetl@nus.edu.sg

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