**NEEDLING YOUR BREATH AWAY**

An atypical case of acupuncture-induced pneumothorax

**INTRODUCTION**

Pneumothorax is a common presentation in the emergency department with a plethora of possible etiologies. However, acupuncture-related is a rare cause, especially in our local setting.

**CASE REPORT**

We report the case of a 52-year-old lady with a known case of uncorrected scoliosis presenting to our emergency department with an acute complain of shortness of breath. Significantly, we noted she had multiple visits to the acupuncturist over the past three days where needling and “gua sha” was done.

On examination, she was tachypneic but hemodynamically stable with reduced air entry on the right side. Bedside ultrasound demonstrated absence of lungs sliding sign over the same side. Chest radiograph revealed a right pneumothorax. A 21Fr chest drain was inserted with instant respiratory relief. She was then admitted to the surgical ward for continuation of care. Her chest drain was removed on day four of admission after a repeated chest radiograph showed lung re-expansion. She was discharged on the same day with a clinic appointment, where she was subsequently discharged well from follow-up.

**DISCUSSION**

Acupuncture, a form of traditional care medication where the skin is penetrated by fine needles is becoming increasingly popular as an alternative therapy to modern medicine. As a result, the World Health Organisation (WHO) has released a guideline on expected benchmarks for the practice of acupuncture, highlighting pneumothorax as a possible severe complication of therapy, besides organ, vascular and nerve injury. Nevertheless, as Stenger et al. described in their case-series, acupuncture-related pneumothorax is under-reported. High degree of suspicion and early recognition are required to avoid life-threatening cardiovascular compromise, especially with those presenting with chest pain or shortness of breath after undergoing acupuncture over the neck or chest. Chiu et al. stressed in their case report, associating chronic pulmonary diseases with higher risk of pneumothorax post acupuncture. Therefore, low threshold for imaging should be applied to this population cohort to enable potentially life-saving intervention.

**CONCLUSION**

Acupuncture-induced pneumothorax is an uncommon yet possibly fatal condition thus emergency physicians or residents should be cautious with this group to ensure early diagnosis and better patient outcome.

Keywords: acupuncture, pneumothorax

KIIRTHERN KRISHAN MURTHI, HOSPITAL QUEEN ELIZABETH, MALAYSIA