Bell’s Palsy following acupuncture treatment
– a case report
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Abstract
A case of Bell’s palsy after acupuncture is presented. It concerns a healthy 47 year old man who developed Bell’s palsy less than 24 hours after local acupuncture treatment for temporomandibular dysfunction. The Bell’s palsy recovered within two weeks, and may have been caused by a haematoma around the facial nerve.

Keywords
Acupuncture, adverse effect. Bell’s palsy.

Case history
A 47 year old man, previously medically and dentally healthy, sought dental treatment because of pain mainly in the left temporomandibular joint (TMJ) region and a headache for the previous 12 months. There was no history of trauma to the head or neck. The patient had previously been treated with diclofenac for about nine months, prescribed by his own GP. He had stopped this treatment a few weeks before seeing the dentist.

On manual palpation by the dentist, the patient was tender over the TMJ and over the masseter and temporalis muscles, and was diagnosed as suffering from temporomandibular dysfunction (TMD). Occlusion, gingivae and teeth displayed no abnormalities. A bit-wing x-ray film was normal. No x-ray film of the temporomandibular joint was taken.

Initially, the patient was treated with different relaxation techniques, exercises and massage for two weeks as instructed by the dentist, without any effect. Thereafter a Tanner appliance (occlusal splint) was produced, but unfortunately the patient could not keep it in place, so he was offered a course of acupuncture. The following points were used bilaterally: ST6, ST7, ST7.5 (halfway between ST7 & ST8), ST8 and GB8, leaving the needles in situ for 10 minutes. All points are relevant for treating TMD. During the treatment the patient complained about a dull ache and some numbness in front of his left ear. Later the same day he felt relaxed and sleepy.

The next day the left eye started to water, and the following day the patient was suffering from an obvious Bell’s palsy on the left side. He was diagnosed by his own GP who prescribed him prednisolone. Two weeks later the patient had a nearly full recovery. The patient was seen by the dentist five days after the acupuncture treatment.

Discussion
Obviously, it is impossible to establish whether there was a direct connection between the acupuncture treatment and the development of Bell’s palsy or whether it was just a coincidence. The patient has been healthy all his life with only trivial problems such as mild low back pain. In particular, he has never suffered from any neurological disease and was not taking any regular medication. His dental health was fine, and he had had only minor dental treatments and dental cleaning by a dental hygienist during the last 13 years.

The development of the paralysis started within 24 hours of treatment with acupuncture. Among the points used, ST6 and ST7 are both points located close to the facial nerve. The patient complained of a dull pain in front of the left ear during and a short period after the treatment. It therefore seems likely that the palsy was caused by needling of acupuncture point ST7. However, it is impossible to say if the palsy was caused by a direct trauma to the nerve or was due to compression of the nerve.
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due to a small haematoma. The pain in front of the ear was not described as a sharp shooting pain, which one would have expected if there had been direct trauma of the facial nerve. The pain was described as dull and occurred during treatment and for a short period after the needles were removed. Therefore the most likely explanation is that, in treating ST7, the dentist caused a small haematoma around the facial nerve, which caused temporary compression of the nerve.

The patient had an almost full recovery after two weeks. This might be due to the steroid treatment or due to absorption of the haematoma and relief of the pressure on the nerve. It is noted that the evidence for the effect of steroid treatment for Bell’s palsy is not convincing.

Peripheral nerve injuries after acupuncture needling are rare, and to the best of our knowledge have only been reported three times. In one case median nerve neuropathy was caused by a needle fragment in the carpal tunnel, and the other two cases involved direct needling of the common fibular nerve. As this is the first case involving the facial nerve, we felt it was worth reporting here.

Conclusion

Based on the available data, it seems likely that the acupuncture treatment of acupuncture ST7 was the direct cause of the patient’s temporary facial palsy.

Reference list

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