with their electrical connections. Second, we asked the patient to turn face down for treatment of the posterior aspect for another 10 to 15 minutes. We believe that the treatment we have described for knee osteoarthritis is easy to follow and has considerable practical value because it is similar to another previous published study in this field.1

Reference list

Tension pneumothorax related to acupuncture

Editor – We read with interest the case published in the March edition of the journal, reporting the development of tension pneumothorax after needling of the points LU1 and BL13.1 The article stated that tension pneumothorax was diagnosed on chest x ray. The diagnosis is not a radiological one, nor is it dependent on the size of pneumothorax; severity may actually correlate poorly with x ray findings. Tension pneumothorax develops when a one way valve allows air into the pleural space during inspiration, but does not allow air out during expiration. The development is commonly heralded by a rapid deterioration in cardiopulmonary status due to impaired venous return, reduced cardiac output and hypoxaemia.2 Although the onset of pain and breathlessness was considered by the medical acupuncturist to be due to ‘tension in the meridians’, we suspect that in a true case of tension pneumothorax the signs and symptoms would have alerted the acupuncturist to suspect a more urgent diagnosis.

The ideal management for a tension pneumothorax does not include an unsupervised taxi journey, but is an emergency requiring immediate high concentration oxygen, a cannula in the pleural space via the second anterior intercostal space in the mid-clavicular line and subsequent insertion of an intercostal drain with an underwater seal.2 We believe that this was a case of iatrogenic simple pneumothorax and not tension pneumothorax. It is an important distinction to make, with different management algorithms and levels of urgency. Pneumothorax may occur after thoracic needling and acupuncturists should appreciate the importance of appropriate management.

Reference list

Reply from the author

Editor – I am grateful for the comments of Whale and Hallam concerning my case report on tension pneumothorax related to acupuncture.1 The diagnosis of tension pneumothorax was made in the intensive care unit of the hospital where the patient was treated. I agree that the clinical status is much more important than the radiological findings in forming the diagnosis, although a lateral shift of the mediastinal organs in the thorax is one accepted criterion of tension pneumothorax. However, in this patient the diagnosis is in little doubt as there had been a deterioration of the patient’s cardiopulmonary status, which necessitated a week’s treatment in intensive care with an intercostal drain and an underwater seal.

I agree that the unsupervised taxi journey was a completely inappropriate reaction of the acupuncturist. One of the main points of publishing the report is that even experienced therapists should be aware of the possibility of causing a pneumothorax by acupuncture, especially in slim patients. Therefore all acupuncturists should

Reference list
Reply from the author

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