Failed acupuncture treatment of small intestinal obstruction after distal gastric cancer: a case report

We would like to report a case in which inappropriate use of acupuncture for intestinal obstruction may have increased the patient’s discomfort and delayed definitive treatment for the underlying cause.

CASE REPORT

A 58-year-old man went to Changhai Hospital for the first time on 16 July 2010. He had experienced abdominal distension and dull pain of unknown cause for half a year which was finally diagnosed as gastric antral cancer and oesophagitis by gastroscopy at another hospital (14 July 2010). The patient was admitted to our hospital and underwent successful distal gastrectomy on 20 July 2010. During surgery the tumour was observed to be located in the lesser curvature side of the gastric antrum, penetrating the serosal layer, with several obviously enlarged lymph nodes making contact around the stomach. The patient recovered well after surgery.

He presented to a local hospital with abdominal distension and pain without defaecation or passing gas 22 months later on 15 May 2012 and was diagnosed with ‘acute intestinal obstruction’. He developed an irregular fever as high as 39.5°C which was treated symptomatically. He was then admitted to the internal emergency department of Changhai Hospital with ‘pulmonary infection and intestinal obstruction’ on 3 June 2012. The chest x-ray and abdominal plain film showed inflammation of the lower lungs and incomplete distal intestinal obstruction. An upper abdominal CT scan on 9 June 2012 showed the stomach after gastric cancer surgery; fatty liver with multiple low-density lesions; postoperative gallbladder; inflammation of the lower lungs; and incomplete distal intestinal obstruction. The inflammation of the lower lungs was treated with intravenous injection of mezlocillin sodium, ciprofloxacin lactate and ornidazole as well as aerosol inhalation of ambroxol hydrochloride for eliminating sputum. The intestinal obstruction was treated with fasting, total parenteral nutrition, oral pantoprazole for acid suppression, oral parafin oil for purgation and placement of a small intestinal decompression tube.

We undertook a course (14 days) of acupuncture treatment from 11 June 2012. Needles (diameter, 0.3 mm; length, 40 mm) were inserted 3–5 mm into LI 4, TE 5, ST 37, ST 36 and abdominal points including CV 12, ST 25, CV 4 and CV 6. The needles were left in place for 20 min after developing needle sensation and were twisted with uniform reinforcing-reducing method every 5 min. Borborygi could be heard to be increased by auscultation and the patient reported a significant increase of peristaltis after acupuncture. The patient did not defaecate or pass gas after the course of acupuncture treatment and his intestinal obstruction became more serious so the acupuncture treatment was stopped. At that stage the intestinal obstruction was suspected to be caused by tumour blockage.

The patient was transferred to the gastrointestinal department of our hospital on 3 July 2012. Three-dimensional reconstruction of the small intestine (16 July 2012) showed incomplete distal intestinal obstruction; stomach after gastric cancer surgery; lymphatic metastasis of the back of the pancreatic neck, retroperitoneum and mesenterium; fatty liver containing possible metastasis; cysts on the liver and small cysts on the left kidney. The patient underwent small intestine resection and anastomosis on 17 July 2012. A metastasis of 3×3×2 cm³ was seen during the surgery, completely blocking the intestine. The pathological diagnosis was poorly differentiated adenocarcinoma of the small intestine (metastasis from gastric cancer was preferred considering the patient’s history). The patient recovered defaecation and passing gas on the fifth day after surgery.

COMMENT

Intestinal obstruction is a common acute abdominal disorder for which non-surgical treatments include gastrointestinal decompression, fluid-electrolyte balance correction and combating infection. Acupuncture is often given, and most reports relate to functional obstruction including postoperative ileus, paralytic ileus, adhesive intestinal obstruction and postoperative gastroparesis syndrome. Acupuncture exhibits dual regulation, relieving intestinal spasm by inhibiting tension and hyperactivity of intestinal movement or accelerating peristalsis by promoting relaxation and decrease of intestinal movement. It has no role in mechanical intestinal obstruction, which should have been suspected from the patient’s history.

It is critical for the health of the patient to clearly diagnose the type of intestinal obstruction before proceeding with acupuncture treatment. We hope that this failed case can provide a reference for other clinical doctors and be a benefit to patients in the future.

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Contributors H-jB performed the treatment and wrote this paper; Y-jH searched the references and participated in the completion of this paper; SS modified this paper; Q-hZ guided the acupuncture treatment and modified this paper.

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