LETTER

Cardioversion as a cause of persistent myofascial trigger points and pain

A 76-year-old man underwent routine cardioversion for atrial flutter. Within 24 h of the procedure he complained of severe and persistent pain over and around his left scapula. He attended the accident and emergency department and was advised that this was unrelated to the procedure. This advice was reiterated at his cardiology follow-up appointment a week later. He failed to respond to physiotherapy or analgesia of escalating strength. He became distraught with pain, leading to sleepless nights, and presented on multiple occasions to his general practitioner (GP) surgery. He was eventually seen opportunistically, 5 months after the onset of his symptoms, by the author, a GP trained in Western medical acupuncture. He was found to have multiple trigger points in his left-sided infraspinatus, subscapularis and trapezius muscles. These presented as exquisitely tender taut bands, with the patient’s pain being reproduced on palpation. Owing to the exquisite pain on palpation, he was treated with a ring of acupuncture needles placed around the affected area and left in situ for approximately 5 min. This technique has been described as ‘surrounding the dragon’ (figure 1). His pain improved significantly within hours of the initial treatment and had completely and permanently resolved after three treatments at weekly intervals with no recurrence after a year.

Cardioversion involves the passage of a current through electrodes placed front to back. In this patient the acute muscle contraction and subsequent failure of muscle relaxation is likely to have resulted in persistent myofascial trigger points. I have not found this specifically described in the literature, although there is a single case report of scapula and humeral head fractures sustained during cardioversion. This happened in the context of cardiopulmonary resuscitation, in which it was postulated that the fractures occurred as a result of tetanic muscular contractions involving the humeral heads and shoulder girdles.1

Persistent muscle pain and tenderness after cardioversion merits early assessment and consideration of trigger points, which may respond to acupuncture treatment in a primary care setting.

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REFERENCE

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