

Swallowed Acupuncture Needle in an Aphagic Woman with Bulbar Amyotrophic Lateral Sclerosis

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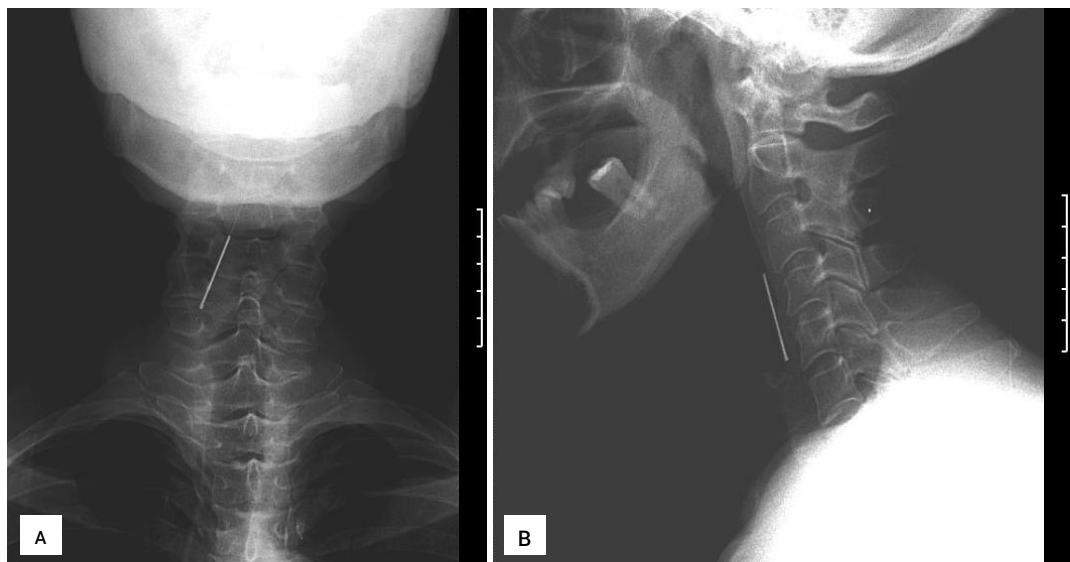


Fig 1. X-ray shows the needle located in the hypopharynx with its bulbous end facing downwards (frontal and lateral views, A and B, respectively). Written informed consent was obtained from the patient for X-ray publication.

A 56-year-old woman had been followed in our Unit for 4 years due to progressive pseudobulbar palsy that started in 2008. The patient was anarthric and severely dysphagic with excessive drooling. Feeding was only possible through gastrostomy. Limb strength was normal. On clinical examination, there was spasticity affecting the tongue, the upper and lower limbs; deep tendon reflexes were markedly increased, with very brisk jaw jerk; and bilateral extensor plantar responses. Fasciculations were only observed in the tongue. Brain magnetic resonance imaging was normal. Needle electromyography confirmed fasciculations and chronic neurogenic changes in tongue, but did not show signs of lower motor neuron loss in any limb muscle (biceps, first dorsal interosseous, vastus medialis, tibialis anterior, on both sides). Nerve conduction studies were unremarkable. The diagnosis of motor neuron disease was made. A progressive clinical deterioration occurred. In

order to relieve sialorrhea the patient decided to try acupuncture, which included the insertion of a needle close to the mouth corner. As a consequence of her severe drooling, whilst wiping the mouth, the needle was displaced and ended up being swallowed (Figure 1A-B). Needle removal was achieved by endoscopic procedure with sedation. No complications were noticed.

We speculate that the bulbar spasticity has facilitated a rapid reflex swallowing of the needle once inside the patient's mouth. This case illustrates that extra caution is necessary to avoid dangerous objects nearby the mouth of these patients.

DISCLOSURE

The authors have no conflict to disclose.