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Acupuncture Treatment for Dysphagia Caused by Lung Cancer: A Case Report

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Abstract: Dysphagia caused by lung cancer is a rare complication. Previous reports showed that lung cancer can be complicated with dysphagia caused by paraneoplastic neurologic syndromes rather than direct invasion. Treatment approaches aimed at alleviating symptoms. We present a case of dysphagia caused by paraneoplastic neurologic syndromes relieved under the treatment of 30 sessions of acupuncture treatments for 5 weeks. Combined with Traditional Chinese Medicine and anatomy we describe an improved manipulation from Xia guan (ST7) to simulate trigeminal nerve and achieve good results. The water swallowing test score dropped from 5 to 2. Acupuncture should be considered as a complementary and alternative treatment when patients present without other known causes and want to accept conservative treatment. Acupuncture combined with anatomy may provide a new direction to expand the scope of its use.

Keywords: Acupuncture; Dysphagia; Lung cancer; Paraneoplastic neurologic syndromes; Trigeminal nerve

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1. Introduction

Dysphagia is not a symptom, but a multi etiologic syndrome with different presentations depending on the underlying causes[1]. Some etiologies include neurological disorders, physical or structural factors and immunological causes[2]. However, dysphagia can also occurs in patients with lung cancer. This traditionally accounted for mediastinal disease, cervical lymphadenopathy and the invasion of the tumor cells to the lower esophageal sphincter. Some reports pointed out that lung cancer can be complicated with dysphagia caused by paraneoplastic neurological syndrome(PNS)[3].

PNSs are heterogeneous group of neurological disorders caused by indirect and remote effects of primary tumor.

Although it is common in lung cancer, especially small cell lung cancer, PNS with dysphagia as the main symptom is considered to be a rare complication [3]. Pseudo-achalasia is the most reported PNS with dysphagia in lung cancer. Report suggests that achalasia secondary to carcinoma has three characteristics: age > 60 years, duration of dysphagia < 6 months and weight loss > 10%[4]. Treatments in the reports include botulinum toxicin, pneumatic dilation and gastrostomy [3]. Treatment approaches are not uniform and palliation of symptoms is the goal of treatment.

In this case report, we describe a woman with dysphagia caused by PNS suspected associated with lung cancer relieved under the treatment of acupuncture.

2. Case Report

The patient, a 71-year-old Chinese female women, presented with dysphagia, dysarthria and weight loss (over 10kg) over 8-month duration. At the onset of symptoms, brain computed tomography (CT) at a local hospital revealed no abnormalities. Local doctor administered anticoagulation therapy but did not ease symptoms. Three-month prior, chest CT scan at Beijing Xuanwu Hospital, Capital Medical University showed a nodule in the lingual segment of the upper lobe of the left lung, 15 mm in diameter, which was considered to be a malignant lesion. At neurological examination, positive findings were bilateral masticatory muscle atrophy, rightward tongue deviation, dysphagia, dysarthria and retarded pharyngeal reflex, which suggested facial nerve and glossopharyngeal nerve injury. Her electromyography investigations were normal. Brain CT scan and contrast-enhanced MRI were negative. Anti-Hu-Yo-Ri-NMDA-PNMA2-CV2-amphiphysin antibodies were also negative in both serum and cerebrospinal fluid. Doctors at Xuanwu Hospital considered her dysphagia was caused by PNS and recommended surgery treatment. Two-month prior, the patient underwent a left lung upper lobe resection and systematic lymph node dissection by single port thoracoscopic surgery at Cancer Hospital Chinese Academy of Medical Sciences. Pathological diagnosis was lung moderately differentiated adenocarcinoma. Lymphatic metastases, pleural involvement, lobar bronchi and segmental bronchi invasion were not observed. Symptoms were not improved after the surgery. When the patient visited our hospital for acupuncture treatment on 24 December 2020, dysphagia aggravated so severe that coughing and choking occur when drinking more than 5ml of water and dysarthria progressed to aphasia. Her water swallowing test score was 5.

Acupuncture treatment was added on the basis of vitamin B1 tablets (10mg three times daily) and methyl cobalamin tablets (0.5mg three times daily). Traditional acupuncture points ST7, SJ17, GB20 (bilateral) were selected according to traditional Chinese medicine theory (TCM) and neuroanatomy. The patient was asked to keep in a supine position. Xia guan (ST7) is located in the depression between the zygomatic arch and the mandible notch, which is similar to the trigeminal nerve block entry point[5]. According to the technique of trigeminal nerve block, after disinfection, a 0.35 × 75–mm sterile, disposable, stainless steel needle (Suzhou Medical Supplies Factory Co. Ltd) was inserted from the lower margin of the middle point of the zygomatic arch. The needle was inserted obliquely form an angle of 15° to 20° backward and 15° to 30° upward until the needle tip reached a depth of 45mm and contacted the oval foramen. Then the patient may have a feeling of electrical sensation in the mandible region. As for the other two points, we inserted the needle from Yi feng (SJ17) which is located in the depression between the mastoid and the mandibular angle pointing to the earlobe at a depth of 25mm and Feng chi (GB20) which is located in the upper depression of the sternocleidomastoid and trapezius pointing to the apex nasi at a depth of 25mm. With manual stimulation, needles were retained for 30 minutes. Acupuncture treatment was conducted six times a week by the first author who is an experienced acupuncturist.

Two weeks after the acupuncture therapy had been completed, the patient presented a perceptible progress. She

can have some gruel and drink 30ml of water in 4-5 times with mild coughing and choking. Her water swallowing test score was 4. Four weeks later, she can make simple pronunciations drink 30ml of water in 2-3 times with no coughing and choking. Her water swallowing test score was 2. There was an improvement in appetite. The patient received 30 sessions of acupuncture treatments for 5 weeks.

3. Discussion

PNS is a secondary disease complicated with malignant disease. In lung cancer, although small cell lung carcinoma is the most common disease associated with PNS, PNS caused by pulmonary adenocarcinoma has previously been reported [3]. The mechanism of PNS is not understood yet, but it is known to be caused by an abnormality of autoimmune process [6]. In this case report, although the antibodies are negative, it does not affect the diagnosis of PNS [7]. Because lack of endoscopic findings, it is not clear whether achalasia presented. As previous reports did not find the co-existence of dysphagia and dysarthria in PNS, we speculate that dysarthria may be of psychiatric origin or a new manifestation of the disease.

Acupuncture has been used for the treatment of dysphagia caused by various reasons[8]. Yi feng (SJ17) and Feng chi (GB20) are common acupoints in dysphagia treatments. In TCM theory, they can nourish the brain, regulate Qi, and open the brain orifice [9]. Several reports [10] have suggested that stimulating the trigeminal nerve through the meningeal branch of the trigeminal nerve can improve the blood supply and flow speed, activate and regulate the function of brain cells, and promote the nutrition metabolism of intracranial tissue. We draw lessons from trigeminal nerve block, pointing from Xia guan (ST7) directly stimulated the trigeminal nerve to achieve direct effects. This is the first study to apply this manipulation and achieve good results.

Here we described a patient with dysphagia caused by PNS suspected who experienced resolution during a 5-week course of treatment. This case report suggests that acupuncture treatment may be beneficial when combined with anatomy and provide a new direction to elucidate the mechanism of acupuncture manipulation. Our technique adds available treatments to intractable dysphagia. Furthermore, we want to investigate in detail the effectiveness and the mechanism of acupuncture for trigeminal nerve from Xia guan (ST7).

Disclosure statement

The author declares no conflict of interest.

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