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## **DIAGNOSIS OF SKIN MALIGNANCIES DURING THE COURSE OF ACUPUNCTURE TREATMENT**

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### **INTRODUCTION**

Opinion is divided as to whether acupuncture should be practised solely by medical practitioners as opposed to lay practitioners citing that medical conditions may be missed or mismanaged. This study describes how during the course of acupuncture treatment for a variety of medical conditions skin malignancies were detected, in patients unaware of the nature of their dermatological problem, by a medical practitioner.

## **PATIENTS**

In a single-handed practice, between October 1992 – 1995, nine patients (two private) were identified with a pre-malignant or malignant skin lesion during a course of acupuncture treatment for varying medical conditions. The seven practice-based patients were not aware of a dermatological problem at the time of acupuncture. Of the two private patients, one had been aware of a growth on her chest but believed it to be benign and the other had been treating her skin lesion with Betnovate ointments for six months, as she believed it to be a patch of psoriasis. The reason for acupuncture, the nature of the skin lesion detected and its subsequent histological diagnosis are shown in **Table 1**. In total four melanomas, two lentigo maligna (up to 30% may undergo melanomatous change), two basal cell carcinomas and one squamous cell carcinoma were detected. All patients had a complete excision of the lesions, which were sent for histological examination.

## **DISCUSSION**

This study has illustrated how skin malignancies were detected, during a course of acupuncture treatment for an unrelated condition, even though the patients were unaware of their dermatological problem.

The detection of four melanomas is of particular concern as this malignancy is notoriously difficult to diagnose in its early stages and only by histological examination of the excised tissue can a definitive diagnosis be made. This malignancy like squamous cell carcinoma and lentigo maligna is potentially curable in the early stages of development.

This study has illustrated how a lay practitioner, even if practising under medical supervision, may not have highlighted these skin malignancies to the patient during the course of acupuncture treatment and lends some support to the argument that acupuncture should be practised by medical practitioners. Furthermore while the patient undergoes acupuncture, vigilance should be maintained for other medical conditions, especially the skin, as access to normally unexposed parts of the body may be obtained during the course of treatment.

**Table 1**

Case	Age years	Reason for Acupuncture	Skin Lesion Detected	Histological Diagnosis
1.	69	Knee pain	Mole 2 x 2 mm Thigh	Lentigo Maligna
2.	38	Back pain	Mole 7 x 7 mm Calf	Superficial spreading Melanoma Clarke's level 4
3.	40	Premenstrual syndrome	Mole 8 x 7 mm Thigh	Melanoma in-situ
4.	71	Back pain	Mole 9 x 7 mm Shin	Melanoma Lentigo Maligna Clarke's Level 2
5.	85	Foot problem	Mole 6 x 4 mm Calf	Melanoma in-situ
6.	85	Right hip pain	Mole 4 x 4 mm Shin	Lentigo maligna
7.	89	Backache	Lesion 20 x 18 mm Shin	Rodent ulcer
8.	70	Shoulder/Back pain	Lesion 10 x 5 mm Chest	Squamous cell carcinoma
9.	65	Left knee pain	Lesion 8 x 8 mm Shin	Basal cell carcinoma