CASE REPORT

Peripheral embolisation after an abdominal massage

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SUMMARY

A 65-year-old man presented with a history of acute onset pain in toes of the right foot immediately after an abdominal massage by a 'local healer'. General physical examination and systemic examination were normal except for discolouration of the fourth and fifth toes and cold toes. Investigations including complete blood count, erythrocyte sedimentation rate, renal function tests, liver profile, lipid profile, antinuclear antibody, antineutrophil cytoplasmic antibody, ECG, chest X-ray, ultrasound abdomen, cardiac echocardiography, lower limb Doppler and CT scan of the abdomen were normal. The patient was treated with regular heparin infusion, aspirin and tramadol. Recovery was complete in 5 days.

BACKGROUND

Alternative treatments, particularly massages, are considered harmless if not of proven benefit, with few reported cases of complications.¹ We highlight a case in which an innocuous-looking abdominal massage led to peripheral embolisation.

CASE PRESENTATION

A 65-year-old man presented with a history of acute onset pain and burning in the right foot toes for 6 h. The patient had dyspepsia for 5 days and consulted a local healer. The healer gave him a vigorous and deep abdominal massage for 5 min in the epigastric and umbilical areas with the heel of his hand. The patient developed pain and a burning sensation in the right foot within a few minutes.

The patient presented to us after 6 h. At presentation, the pulse rate was 82/min, the respiratory rate was 16/min, blood pressure in the right upper arm was 136/82 mm Hg. Blood pressure in the right lower limb was 150/82 mm Hg and in the left lower limb was 156/86 mm Hg. Both lower limb examinations showed palpable dorsalis pedis, posterior tibial and popliteal artery pulsations. All toes were cold in the right foot with discolouration of the fourth and fifth toes (figure 1). Systemic examination was normal.

INVESTIGATIONS

Investigations including complete blood count, erythrocyte sedimentation rate, renal function tests, liver profile, lipid profile, antinuclear antibody, antineutrophil cytoplasmic antibody, ECG, chest X-ray, ultrasound abdomen, cardiac echocardiography, lower limb Doppler and CT scan of the abdomen were normal.

TREATMENT

The patient was treated with regular heparin infusion, aspirin and tramadol infusion.

Figure 1 Peripheral embolisation after abdominal massage.

OUTCOME AND FOLLOW-UP

The patient had significant relief within 24 h and achieved complete recovery in 5 days. The patient had no recurrence of symptoms up to 9 months of follow-up.

DISCUSSION

This is a unique case. The patient developed symptoms immediately after an abdominal massage strongly suggesting the possibility of embolisation. It highlights the risk of an abdominal massage. Medline search did not report any case of embolisation after an abdominal massage.

Learning points

- ▶ Patients often seek treatment from alternative therapists/'local healers' for their ailments. This needs to be kept in mind while taking history.
- ▶ Elderly patients or patients with significant atherosclerotic disease should be advised to consult a physician before taking massage therapy.
- ▶ Even minor trauma can dislodge thrombus or disturb an unstable plaque.

Competing interests None.

Patient consent Obtained.

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