Auricular Acupuncture and Skin-Cancer Detection: An Opportunity

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ABSTRACT

Background: Auricular acupuncture is effective for many patients with pain. Many skin malignancies and precancerous lesions are found on the head and neck. Practitioners of acupuncture are in a unique situation to detect cutaneous malignancy at an early state.

Case: An 83-year-old man referred for Battlefield Acupuncture was found to have a scalp lesion suspicious for malignancy as well as several precancerous lesions.

Results: Referral to a dermatologist led to excision of a basal-cell cancer and treatment of actinic keratoses.

Conclusions: Practitioners of auricular acupuncture should be familiar with common skin cancers and precancerous lesions; these practitioners are in a unique situation to detect these common skin lesions.

Keywords: auricular acupuncture, basal-cell carcinoma, squamous-cell carcinoma

INTRODUCTION

EAR ACUPUNCTURE HAS BEEN SHOWN to be effective in pain-score reduction for acute and chronic pain in a variety of comparator groups and settings.^{1,2} Battlefield Acupuncture (BFA), a subset of auricular acupuncture developed by Richard C. Niemtzow, MD, PhD, MPH, has been promoted by a project called the Acupuncture Across Clinical Settings (ATACS) program, and has led to widespread promulgation of this simple 5-point auricular technique used to treat both acute and chronic pain.^{3,4} It has been anticipated that the number of patients undergoing BFA will increase markedly over the upcoming years.⁵ Given that the head and ears are common sites of cutaneous skin cancer, practitioners of auricular acupuncture are in a unique situation to detect skin cancer.

CASE

An 83-year-old male veteran with a history of coronary-artery disease, congestive heart failure, hypertension, diabe-

tes, remote rectal cancer, actinic keratoses (that had been treated with liquid nitrogen by his dermatologist), and osteoarthritis of the knees was referred for BFA for his bilateral knee pain. During insertion of the ASP needles into the ears, he was noted to have a 2×2 cm pearly plaque with telangiectasia over his right retroauricular scalp as well as several scaly papules and plaques scattered over his bald pate and right cheek (Fig. 1). He admitted that he was a person who loved the beach and did not use sunscreen. Due to concern that this large lesion was due to a basal-cell carcinoma (BCC), he was asked to see his dermatologist to consider a biopsy.

RESULTS

The patient contacted his dermatologist and a biopsy showed that the lesion was a BCC, which was removed surgically with negative margins. The patient's actinic keratoses were treated with cryotherapy. Unfortunately, while the BFA initially decreased his self-reported numeric pain from a 10 to a 3, he did not experience benefit when the BFA was repeated 6 weeks and 10 weeks later.

FIG. 1. Pink pearly plaque over right retroauricular scalp detected during ear acupuncture. Biopsy confirmed clinical diagnosis of basal-cell carcinoma.

DISCUSSION

Skin cancers—including both melanoma and nonmelanoma skin cancers (NMSC)—are the most common malignancies in Caucasians. Nonmelanoma skin cancers include BCC and squamous cell carcinoma (SCC), among others, and are 18–20 times as common as melanoma.⁶ While the metastatic potentials for BCC and SCC are much lower than for melanoma, they account for significant morbidity and healthcare expense, estimated at \$650 million per year in the United States.⁷ Given that ultraviolet (UV) radiation is thought to be the most common cause of skin cancer, potential SCC precursors, actinic keratoses, and NMSCs are frequently found in anatomical regions of the body that have the greatest exposure to UV light, such as the head, ears, and neck.⁸

Practitioners of ear acupuncture should be aware of the presenting signs of actinic keratoses, BCC, and SCC. A typical actinic keratosis is typically an erythematous scaly macule, patch, or plaque in sun-exposed areas and occasionally can have a thick, adherent scale. BCCs are most commonly of the nodular variant, and typically present as a pink or flesh-colored papule. The lesion usually has a pearly or translucent quality often with telangiectasia. It may often be described as having a “rolled” border, where the periphery is more raised than the middle. Central ulceration can occur. Superficial and morpheaform variants are less common, but can occur. SCC, which is less common than BCC in the nontransplant population, can present with a wide variety of

clinical features, and include firm papules, plaques, and nodules sometimes with smooth, hyperkeratotic, or ulcerative features. They have a higher metastatic potential than BCC.

CONCLUSIONS

Ear acupuncture is increasing in prevalence, and promulgation of BFA will lead to increasing numbers of patients undergoing this treatment. Given that skin cancer is common and often occurs on the ears, head, and neck, practitioners of auricular acupuncture should be aware of the common forms of precancerous and cancerous skin lesions, and should be vigilant about their early recognition and patient referrals. While the current patient did not derive long-lasting benefit from BFA, his skin cancer was detected earlier than had ear acupuncture not been performed.

AUTHOR DISCLOSURE STATEMENT

There are no disclosures to report.

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