Multiple Ecchymotic Lesions on the Torso of a Patient with Unstable Angina

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FIG. 1 Torso of the patient showing multiple ecchymotic lesions.

A 51-year-old Cambodian man initially presented with a small non-Q-wave inferior myocardial infarction (MI). At coronary angiography a tight mid right coronary artery stenosis was treated with directional coronary atherectomy. He pre-

sented again 4 months later with another small non-Q-wave inferior MI. At coronary angiography a new, more distal right coronary artery stenosis was dilated with percutaneous transluminal coronary angioplasty. One year later he presented with a two-week history of crescendo exertional chest pressure. His chest pressure was treated at home with “cupping therapy” consisting of multiple suction treatments of his torso (Fig. 1).

The suction was created by placing cotton, saturated with rubbing alcohol, on the bottom of a glass jar. The cotton was lit with a match and the open end of the jar placed firmly on the skin. The low-intensity fire consumed the oxygen, creating a vacuum. The jar was left in place for a few minutes, then released by pressing on the skin next to the jar’s lid. Although there is observational literature that suggests treating coronary artery disease with cupping,¹ our patient’s symptoms did not improve with the “cupping therapy.”

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Received: July 19, 1999

Accepted with revision: August 10, 1999

FIG. 2 Coronary angiogram showing TIMI-1 flow of the left circumflex artery (A) and TIMI-3 flow of the same vessel following successful angioplasty and stent deployment (B).

The day of admission, the patient had three episodes of chest pressure at rest. Except for the skin lesions shown in Figure 1, the physical examination, the routine laboratory examination, and the resting 12-lead electrocardiogram were normal. The patient was treated with intravenous heparin, aspirin, nitroglycerin, and beta-blockers. He ruled in for a small non-Q-wave MI with peak CPK of 300 IU. The next morning coronary angiography showed a subtotal occlusion with TIMI-1 flow of the left circumflex artery (Fig. 2A). The remaining vessels showed no significant narrowing. Successful left circumflex stenting was performed with two overlapping Palmaz-Schatz stents (Johnson & Johnson Interventional

Systems, New Brunswick, N.J., USA) (Fig. 2B). Six months later the patient felt well without recurrent angina pectoris while being treated with a low-fat, low-cholesterol diet, lovastatin, aspirin, and beta-blockers.

Reference

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