

Case Report

Fundus hemorrhage caused by acupuncture at Jingming (BL 1): a case report

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Abstract: Jingming (睛明, BL1) is a commonly used acupuncture point for the treatment of ocular disorders; however, due to its proximity to intraorbital structures, acupuncture at this point carries a risk of bleeding-related complications. Fundus hemorrhage induced by acupuncture is rare. This report describes a patient with a history of high myopia and prior laser-assisted ocular surgery who underwent acupuncture at Jingming (睛明, BL1) for eye-related symptoms. Localized fundus hemorrhage was identified in one eye following treatment. The patient was managed conservatively with cessation of acupuncture and close follow-up. The hemorrhagic lesion gradually resolved, and no significant visual impairment was observed. This case underscores the importance of careful evaluation of ocular history and strict control of needle depth and direction when performing acupuncture at peri-orbital points to minimize rare but serious complications.

Keywords: acupuncture; Jingming (BL 1); fundus hemorrhage; adverse events; case report

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Introduction

Jingming (睛明, BL1), located on the face, in the depression between the superomedial part of the inner canthus and the medial wall of the orbit, is a crucial acupoint for treating various ophthalmic conditions; however, its unique anatomical proximity to critical neurovascular structures, including the anterior ethmoidal artery, superior ophthalmic vein, and optic nerve, fundamentally predisposes it to complications. The spectrum of adverse events from periocular acupuncture includes

subcutaneous ecchymosis, which is common but minor.^[1-4] Intra-orbital hematoma is the most frequent complication, characterized by peri-orbital swelling and proptosis that typically resolves within 1–14 days. More severe structural injuries, such as globe penetration, traumatic optic neuropathy, and endophthalmitis, have also been documented; a systematic review of English-language case reports from 1982 to 2020 identified a total of 14 case reports (15 eyes of 14 patients) detailing serious

adverse events from periocular acupuncture. Notably, fundus hemorrhage—bleeding within the intraocular retinal or choroidal vessels—is conspicuously rare as an independent complication in this literature, with most reported hemorrhages being vitreous or subretinal and secondary to globe perforation or traumatic optic neuropathy.^[1] This rarity is clinically significant because fundus hemorrhage originates from a different anatomical level than orbital bleeding and may cause more direct and persistent damage to vision.

Therefore, through the analysis of a clinical case of fundus hemorrhage caused by needling at Jingming (睛明, BL1) in a patient with high myopia, this study aims to: (1) analyze the pathogenesis, including the relationship between needle specifications, depth, direction, and vascular injury; (2) summarize the clinical features and imaging findings of this complication; (3) propose emergency management protocols; and (4) summarize safe operation principles for Jingming (睛明, BL1) needling, including depth control, needle selection (e.g., 0.12 mm × 25 mm), and identification of high-risk populations (e.g., high myopia, anticoagulant therapy). By presenting this case, we emphasize that this case highlights that deviation from safe needling parameters — specifically exceeding the recommended perpendicular depth — can lead to serious complications, fundus hemorrhage remains a rare but serious complication warranting high vigilance, and we call for enhanced monitoring and reporting systems for acupuncture-related ocular injuries.

Case report

History of present illness (HPI): a 36-year-old female, visited our department on November 2, 2021, presenting with a chief complaint of insomnia with dry eyes and eye fatigue for more than half a year. She reported

long-term difficulty falling asleep without identifiable triggers, with unstable sleep quality. Ocular fatigue and dryness were particularly pronounced upon waking and at night. She frequently experienced sore eyes and eyestrain after reading or using electronic devices, which were relieved by excessive blinking or eye closure.

Past medical history: she had a history of laser-assisted refractive surgery for high myopia 10 years prior. The diagnosis included insomnia and high myopia. No baseline ophthalmic examination was performed. Acupuncture as treatment was then given. The patient was instructed to maintain a supine position with eyes closed. After sterilizing the local skin area of the left Jingming (睛明, BL1) acupoint, a sterile single-use filiform needle (0.12 mm × 25 mm, Le Jiu with a flat handle manufactured by: Ma'anshan Bond Medical Instruments Co., Ltd.) was employed. The practitioner displaced the eyeball laterally and held it in a fixed position, then gently inserted the filiform needle perpendicularly along the medial wall of the orbit and superomedial of the inner canthus. There was no stimulation or manipulation for acupuncture sensation throughout the process. The insertion was stopped and the handle was freed when the filiform needle encountered repulsion at approximately 15 mm depth, at which point the filiform needle was noticeably adhered to the acupoint. Immediately after the filiform needle insertion, the patient reported a visual disturbance. The filiform needle was promptly withdrawn, and local pressure was applied to the insertion site to prevent bleeding. The patient was advised to calm down and relax. The patient's vision was gradually restored after five minutes. She then reported a small, painless dark area in the lower visual field of her left eye, without blurred vision, diplopia, dizziness, headache, nausea or any

other discomfort. After 30 minutes, an ophthalmic examination was performed. Results showed: visual acuity (VA) was 0.5 in both eyes. The left eye showed conjunctival hyperemia; cornea and anterior chamber were unremarkable (-); the left pupil was misshapen but exhibited brisk reactivity to direct and consensual light reflexes. central corneal thickness (CCT): 409 μ m oculus dexter (OD), 408 μ m oculus sinister (OS). Oculi uterque (OU) intraocular pressure (IOP) was 6.7 mm Hg (as shown in Table 1). The patient received symptomatic treatment with Yunnan Baiyao capsules and ofloxacin eye drops (trade name: Tapiritux). After no apparent worsening of symptoms and was advised to rest at home.

Follow-up and diagnosis: The next morning, the small dark area was still observed in the same visual field of the left eye, prompting further investigation with optical coherence tomography (OCT). OCT revealed a small amount of linear hemorrhage near the nasal vessels, with a flat peripheral retina and clear optic disc margins (as shown in Figure 1). Diagnosis: fundus hemorrhage, refractive error, and conjunctival congestion. Three weeks later, the dark area had decreased in size and minimally impacted daily activities. Follow-up OCT showed reduced hemorrhage near the nasal vessels (as shown in Figure 2). One month later, the dark spot had completely resolved with no residual symptoms.

Table 1 Summary of the patient’s clinical findings before and after treatment

Parameter	Day 1 (Post-acupuncture)	Day 30 (Follow-up)
Visual Acuity (VA)	0.5 (both eyes)	1.0 (both eyes)
Intraocular Pressure (IOP)	6.7 mm Hg	6.5 mm Hg
OCT Findings	Linear hemorrhage	No hemorrhage
Symptoms	Dark spot in the vision	No symptoms

Note: the specific models of the ophthalmic examination equipment were not recorded at the time of the examination.

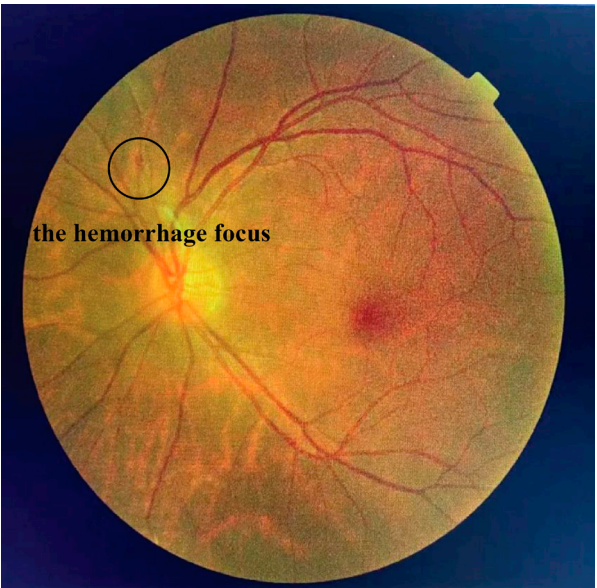


Figure 1. Initial OCT showing linear hemorrhage in the nasal retina (2021.11.03)

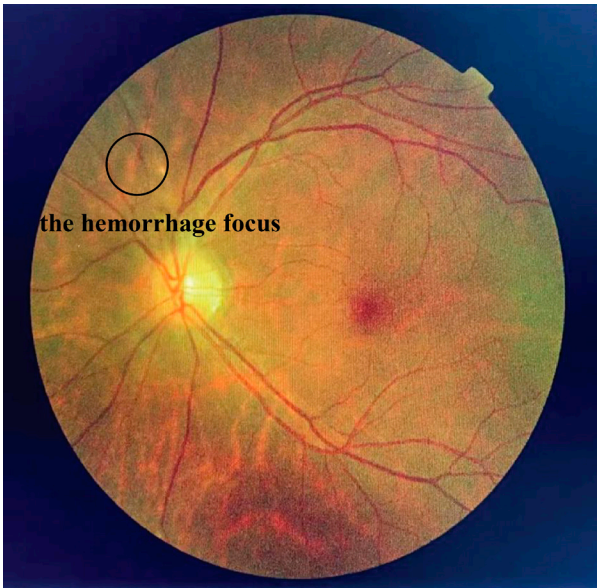


Figure 2. Follow-up OCT showing resolution of the hemorrhage (2021.11.24)

Discussion

1. Anatomical characteristics and safe acupuncture range of Jingming (睛明, BL1) acupoint

When a filiform needle is inserted vertically into Jingming (睛明, BL1), it passes through the epidermis, subcutaneous tissue, medial palpebral ligament, medial rectus and orbital adipose body. The anterior ethmoidal artery, superior and inferior ophthalmic veins and their branches, and superior and inferior ophthalmic nerves and their branches are located in the superficial layer. The deep fascia includes branches or tributaries of the ophthalmic artery and vein and an abundance of small blood vessels and nerves within the orbital fat.^[4] Therefore, from the regional anatomy, it can be seen that the Jingming (睛明, BL1) acupoint is surrounded by and rich distribution of blood vessels and nerves. As a result, even slight deviations in the filiform needle insertion angle or depth during needling can easily cause injury to blood vessels or nerves accidentally. Research has shown that the ideal location for a safe deep needling without bleeding is at 0.1 cun slightly to the outside of the medial canthus, which is the depression with the largest gap between the eyeball and the orbital cavity, where the needling resistance is

smaller.^[5] When needling the Jingming (睛明, BL1), the safe of needling depth varies with different needling angles. If a filiform needle is inserted perpendicularly, the safe depth is just 4.14 mm; if an oblique insertion is made at the tangent of the eyeball (nasal side), the safe depth can be up to 19.87 mm (as shown in Table 2). Therefore, it is safer to choose to deviate slightly toward the nose.^[6] At the same time, the risk increases with increasing needling depth. The anterior ethmoidal artery may be punctured at a depth of 20 ± 0.8 mm, If a filiform needle is inserted close to the medial wall of the orbital cavity.

When the depth reaches 32 mm or more, the posterior ethmoidal artery and the posterior ciliary artery may be punctured, resulting in deep orbital hemorrhage, which can lead to inadequate blood supply to the ciliary body and iris and even partial necrosis of the choroid of eyeball. If a filiform needle is further inserted, the ophthalmic artery and optic nerve may be punctured, causing abnormal sensations such as electric shock in the eyeball and flashing lights visually. When the depth is 51 mm or greater, the filiform needle may penetrate through the superior orbital fissure into the cranial cavity, leading to shock and death.^[7]

Table 2 Comparison of safe a filiform needle insertion at Jingming (睛明, BL1)

Insertion Angle	Safe Depth (mm)	Risk of Complications
Perpendicular	4.14	High
Oblique (nasal side)	19.87	Low

2. Clinical manifestations and diagnostic evaluation of fundus hemorrhage

Fundus hemorrhage is a common ophthalmic condition, which refers to bleeding that occurs in the posterior segment of the eye, within the ocular tissues behind the lens.^[8]

It can be caused by various factors including retinal diseases, systemic diseases (such as diabetes and hypertension), high myopia and trauma.^[9] Fundus hemorrhage pathological characteristics included slow absorption of hemorrhage, prolonged disease progression,

high incidence of complications and high risk of blindness.^[10] Clinical signs and symptoms of fundus hemorrhage are generally no abnormal findings in the external eye. Patients may complain of sudden onset of a dark shadow obstructing vision that does not move with eyeball movements. Alternatively, patients may experience sudden complete blackout of eyesight and only be able to see light perception or hand motion. Some patients may see linear-like black shadows moving in a specific direction, rapidly increasing and resulting in blurred vision. Others might see a sudden burst of red light or the floaters that obscure vision. Prior to the onset of these symptoms, patients may experience eye swelling, eye twitching, or other abnormal sensations. Upon visual and physical examination, the signs included defects in the visual field, poor visual acuity, and exophthalmos. Mild fundus hemorrhage may not affect vision and may resolve spontaneously without requiring special treatment. However, if the hemorrhage is extensive and accumulates in important structures such as the optic disc, macula, or vitreous body, it can result in blurred vision, poor visual acuity, or even blindness. The macula is the most sensitive area of vision as it has the highest concentrated part of the visual cells. Since the macula is in the lowest position when a person is in a supine position, and due to the drainage of the macula,^[11] if the treatment position is supine, and acupuncture of periocular acupoints leads to a significant increase in fundus hemorrhage, it can often affect the macula and aggravates the condition. If adverse reactions occur after acupunctured Jingming (睛明, BL1), relevant auxiliary examinations should be conducted promptly, including VA, IOP, OCT, dilated fundus examination, ocular ultrasonography, indocyanine green angiography (ICGA), and fluorescein angiography (FFA) to confirm

the diagnosis, evaluate the condition, and guide clinical treatment. Among these, OCT is an important ophthalmic diagnostic imaging technology with advantages of high resolution, non-invasiveness, and non-contact features. Depending on the different sites of hemorrhage, OCT examination can present corresponding typical fundus manifestations: (1) pre-retinal hemorrhage: the hemorrhage appears as circular or boat-shaped; and (2) intraretinal hemorrhage: (a) superficial retinal hemorrhage: hemorrhages spread along the gaps between nerve fibers, presenting as bright red linear-shaped, streaky, or flame-shaped lesions; (b) deep retinal hemorrhage: it presents as localized dark red circular dots or small patches, or extends longitudinally along the nerve fibers; (c) subretinal pigment epithelium (sub-RPE) hemorrhage: it presents as a well-defined circular or lobed shape; and (d) preretinal hemorrhage: it presents as a circular or elliptical appearance with a smooth raised edge.^[12-14]

3. Graded emergency management for complications of Jingming (睛明, BL1) acupuncture

When fundus hemorrhage is suspected after acupuncture at Jingming (睛明, BL1), proper emergency measures should be taken: a filiform needle should be removed immediately, and dry cotton ball compression or cold compress should be applied to stop bleeding.^[15] Avoid pushing too hard on the eyeball while applying a cold compress. The eye should be covered with a bandage for two to three days if necessary. At the same time, calm the patient and prevent excessive panic, then let the patient adopt a Fowler's position to prevent blood from depositing in the macula and worsening the condition. During the acute bleeding phase, hot compresses are prohibited. Hot compression can be conducted under the guidance of an ophthalmologist

at the middle and late stages of bleeding. When the patient's condition and emotions have slightly stabilized, relevant ophthalmic examinations should be conducted promptly, and appropriate medical treatment should be formulated.

Clinical treatment methods for fundus hemorrhage included laser therapy, hemostatic drugs, vasodilators, and combined traditional Chinese medicine and acupuncture (as shown in Table 3).^[16] Laser photocoagulation treatment can greatly reduce the blindness rate without side effects in the early stage of fundus hemorrhage (within two to three weeks of onset).^[17] Patients are encouraged to prevent strenuous activity, minimize head movement, reduce eye movement, avoid consuming irritating foods such as hot and spicy food, strong tea, coffee, or alcohol, and avoid wearing contact lenses during treatment.

In addition, other complications from Jingming (睛明, BL1) acupuncture should be managed according to severity. For mild subcutaneous ecchymosis, cold/warm compresses suffice without referral; for moderate intra-orbital hematoma (proptosis, high IOP, diplopia), apply cold compress, elevate the head, and make urgent ophthalmology referral;^[1] for globe perforation, immediate application of an eye shield and emergent ophthalmology referral are critical;^[1,18] surgical intervention, including vitrectomy, may be required to manage complications such as vitreous hemorrhage or retinal detachment.^[18] Delayed recognition of ocular penetration can lead to permanent vision loss, underscoring the importance of prompt post-procedural symptom monitoring;^[18,19] for life-threatening intracranial hemorrhage, stabilize the patient and obtain urgent CT scan.^[7]

Table 3 Summary of treatment options for fundus hemorrhage

Treatment method	Indication	Advantages	Limitations
Laser Therapy	Early-stage hemorrhage	Reduces blindness risk	Requires specialized equipment
Hemostatic Drugs	Mild to moderate cases	Non-invasive	Slower results
Vasodilators	Improves blood flow	Reduces pressure	May cause side effects
Traditional Chinese Medicine (TCM)	Holistic approach	Minimal side effects	Slower results

4. Case analysis and core risk factors

The patient in this case had a history of high myopia before undergoing her laser-assisted procedure. High myopia is a major factor in causing fundus hemorrhage. It causes elongation of the eye axis with an axial length-to-diameter ratio greater than 1.^[20] However, eye laser-assisted surgery is unable to shorten the axial length of the eye. After this incident, the patient reported that during the acupuncture procedure at Jingming (睛明, BL1), she was very afraid that a filiform needle tip

would cause occult scleral perforation, so she rotated her eyeball forcefully. We hypothesize that a needle tip touched the eyeball during the rotation as the patient had high myopia and a longer eye axis. Two possible mechanisms may explain the resulting fundus hemorrhage. First, given the ultra-fine diameter of the needle (0.12 mm), occult micro-perforation of the sclera cannot be completely excluded; a very small puncture track might have sealed immediately, leaving only a linear retinal hemorrhage without massive vitreous bleeding.

Second, and more likely given the OCT finding of linear hemorrhage without a full-thickness track, mechanical compression of the thin, fragile scleral wall in this highly myopic eye may have been transmitted to the underlying retinal vessels, causing their rupture. The combination of an elongated axial length (thinning the sclera, choroid, and retina) and the external force from the needle tip could thus have produced a localized linear hemorrhage without a complete perforation. Fortunately, the filiform needle has a very thin tip and the lesion was relatively small which was able to recover spontaneously. Yunnan Baiyao capsules are used for treatment for fundus hemorrhage to stop bleeding, relieve pain, and activate blood circulation to dissipate blood stasis. Relevant medication studies have shown that Yunnan Baiyao capsules were prescribed to treat fundus hemorrhage, which is efficient in absorbing bleeding and restoring eyesight while having mild adverse reactions.^[21] As the patient's fundus hemorrhage is minor and had treated promptly, also Yunnan Baiyao capsules help in accelerated recovery, the prognosis was good and there were no residual sequelae.

Based on this case, three core risk factors were identified: first, pre-existing high myopia with prior laser-assisted history, which causes axial elongation and thinning of the sclera, choroid, and retina, weakening the ocular wall;^[4] second, patient eye movement during needling (forceful rotation due to fear), which can bring the posterior segment into the needle's path; third, the use of a filiform needle (0.12 mm), which may paradoxically increase occult perforation risk because the puncture site may be too small to detect immediately.

5. Recommended clinical protocol, limitations, and future directions

Despite the increasing frequency of periocular acupuncture, serious complications such as globe perforation continue to be

reported, emphasizing the need for stricter safety protocols.^[18] Based on the literature^[1,4,7,22] and lessons from this case, a three-stage safe protocol is proposed: pre-procedurally, screen for high myopia, prior ocular surgery, bleeding disorders, and anticoagulant use, document baseline VA/IOP/OCT, explain risks, and instruct the patient to remain calm and avoid eye movement; intra-procedurally, position the patient supine with head neutral, fixate the eyeball laterally, insert at 0.1 cun slightly lateral to the medial canthus using an oblique angle toward the nasal side (5°-10° from vertical),^[6] do not exceed 19 mm depth (consider 10-15 mm in high myopia), avoid lifting/thrusting/twisting/rotating,^[11] and withdraw slowly; post-procedurally, apply pressure for 3-5 minutes regardless of visible bleeding,^[22] observe for at least 30 minutes, and perform immediate VA/IOP/OCT if any visual symptom occurs. This study has limitations: it is a single case report limiting generalizability; baseline pre-procedural OCT was not available; the exact injury mechanism remains speculative without scleral imaging; and the role of Yunnan Baiyao cannot be definitively established.^[21]

Future directions include multicenter prospective studies,^[1] anatomical visualization using orbital MRI or ultrasound biomicroscopy,^[4] RCTs of Yunnan Baiyao,^[21] and clinical prediction rules for personalized risk stratification. As demonstrated by recent case reports,^[18,19] standardized training and post-procedural monitoring systems are urgently needed to prevent permanent vision loss.

Conclusion

Hence, when needling the acupoints inside the orbital cavity, such as Jingming (睛明, BL1), it is necessary to determine whether the patient has risk factors such as hypertension, diabetes, high myopia, etc. before acupuncture treatment. All acupuncture practitioners

should have sufficient communication with the patient, informing them of the underlying risk factors, alleviating their nervousness, and obtaining their cooperation. When needling Jingming (睛明, BL1), the patient should adopt a supine position with the head in a neutral position, the eyeball should be naturally relaxed without arbitrarily rotated. The practitioner should gently push the eyeball to lateral side and hold the eyeball in a fixed position. The filiform needle should be inserted at 0.1 cun slightly to the outside of medial canthus, at a tangent of slightly oblique towards the nose side, and controlled within a safe depth range (recommended depth is within 19 mm). When needling, a filiform needle should be inserted vertically in and out. Insertion must stop if a filiform needle tip encounters repulsion, inserting forcefully is prohibited, instead change the direction of needling or withdraw it directly. It is not suggested to stimulate or manipulate for needling sensations. The needling technique should not involve lifting, inserting, twisting, or rotating. The withdrawal of a filiform needle should be done slowly and not rapidly, and the needling point should be immediately pressed by a dry cotton ball for three to five minutes to prevent bleeding.^[22] If fundus hemorrhage is suspected after needling Jingming (睛明, BL1) acupoint, proper emergency measures should be taken to minimize its adverse effects, relevant auxiliary examinations need to be conducted promptly in order to determine the diagnosis, evaluate the condition and prognosis, and formulate an appropriate medical treatment based on the results of the auxiliary examinations.

In summary, this article analyzed the causes of fundus hemorrhage induced by acupuncture at Jingming (睛明, BL1) and emphasizes that even when using an ultra-fine filiform needle, failure to adhere to depth safety guidelines (e.g., perpendicular insertion

beyond 4.14 mm) can result in fundus hemorrhage, this complication remains rare but serious, warranting high vigilance. This report aims to raise awareness among acupuncture practitioners, improve needling safety, and serve as a reference for the diagnosis and treatment of this condition.

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รายงานผู้ป่วย

รายงานผู้ป่วยเลือดออกในจอประสาทตาที่เกิดจากการฝังเข็มบริเวณจุดจิงหมิง (BL1)

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³ แผนกฝังเข็มและรมยา โรงพยาบาลในเครือแห่งที่สาม มหาวิทยาลัยการแพทย์แผนจีนเจ้อเจียง

บทคัดย่อ: Jingming (睛明, BL1) เป็นจุดฝังเข็มที่สำคัญในการรักษาโรคทางจักษุ แต่เนื่องจากอยู่ใกล้โครงสร้างภายในเบ้าตา การฝังเข็มอาจก่อให้เกิดความเสี่ยงต่อการมีภาวะแทรกซ้อน เช่น เลือดออก ภาวะห้อเลือดบริเวณเบ้าตาพบได้ค่อนข้างบ่อย แต่ในกรณีรายนี้เป็นภาวะเลือดออกในจอประสาทตาซึ่งพบได้น้อยมาก รายงานนี้นำเสนอผู้ป่วย 1 ราย ซึ่งมีประวัติ สายตาสั้นระดับรุนแรง และเคยได้รับการรักษาด้วยเลเซอร์มาก่อน ได้รับการฝังเข็มที่ Jingming (睛明, BL1) เพื่อรักษาอาการทางตาภายหลังพบเลือดออกเฉพาะที่บริเวณจอประสาทตาข้างหนึ่ง ผู้ป่วยได้รับการรักษาแบบอนุรักษ์นิยม คือ การหยุดการฝังเข็มและการติดตามอาการอย่างใกล้ชิด ชีตระหว่างการติดตามพบว่ารอยโรคค่อยๆ หายไปและไม่พบความผิดปกติของการมองเห็นอย่างมีนัยสำคัญ กรณีนี้ชี้ให้เห็นถึงความจำเป็นในการประเมินประวัติโรคตาและการผ่าตัดทางจักษุวิทยาอย่างละเอียด รวมถึงการควบคุมความลึกและทิศทางของการฝังเข็มอย่างเคร่งครัด เพื่อป้องกันภาวะแทรกซ้อนที่พบน้อยจากการฝังเข็มบริเวณรอบเบ้าตา

คำสำคัญ: การฝังเข็ม; จุดจิงหมิง (BL1); เลือดออกที่จอประสาทตา; เหตุการณ์ไม่พึงประสงค์; รายงานผู้ป่วย

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病例报告

针刺睛明穴致眼底出血 1 例报告

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摘要：睛明穴（BL1）是治疗眼病的重要腧穴，但因其毗邻眶内结构，针刺操作可引发出血等并发症，眶内血肿较为多见，而针刺致眼底出血的报道则相对罕见。本文报道一例既往有高度近视及激光辅助手术史的患者，因眼部相关症状接受睛明穴（BL1）针刺治疗，于针刺后发现一侧眼底出现局限性出血。患者未予侵入性干预，以停刺、密切随访及保护性治疗为主的保守方案进行处理，随访过程中病灶逐渐吸收，视功能未见明显受损。提示我们针刺眼眶周腧穴，尤其是睛明穴（BL1）时，应充分了解患者既往眼病及眼科手术史，严格掌握针刺层次、方向与深度，谨慎操作，以降低针刺相关眼底出血等罕见并发症的风险。本病例可为针刺致眼底出血的临床识别与处理提供一定参考。

关键词：针灸；睛明穴；眼底出血；不良反应；病例报告

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