Musicians sustain injuries unique to that population. An extensive understanding of player mechanics and performance requirements are helpful in successful diagnosis and treatment. Some providers may feel more comfortable referring patients to a performing arts medicine specialist.

**Case Description**

A 20-year-old college trumpet major with 3-month history of bilateral upper lip numbness and declining trumpet-playing ability presented to our clinic. He sustained upper lip pain and numbness after playing a loud, high note in a marching band performance. Pain subsided, but numbness persisted. He was unable to sense temperature of liquids when he drank. He tried ice, ibuprofen, and altered his embouchure without benefit.

**Results**

Lip sensation returned after 5 weeks, and trumpet playing improved within days of returning to play. He could sense warm and cold liquids.

Repeat exam revealed intact and symmetric sensation to light touch and pinprick in bilateral upper lip and return of the ability to whistle. Oral mucosa discoloration had resolved.

Trumpet-playing exam revealed improved tone quality and increased range.

**Discussion**

Brass players subject their lips to mouthpiece pressure forces on the lips whenever they play. High notes and loud volume require greater lip strength to produce the sound. Some players compensate lack of lip muscle strength by using more pressure on the lips. That increased pressure may lead to swelling and, in rare cases, nerve damage.

**Conclusion**

Musicians sustain injuries unique to that population. An extensive understanding of player mechanics and performance requirements are helpful in successful diagnosis and treatment. Some providers may feel more comfortable referring patients to a performing arts medicine specialist.

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**Graphic demonstrating the infraorbital nerve, a branch of the trigeminal nerve**

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