CATAMENIAL PNEUMOTHORAX: A RARE CASE OF THORACIC ENDOMETRIOSIS

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Introduction

Thoracic endometriosis is a rare condition in which endometrial tissue grows in and around the lung. The diagnosis is often complicated and delayed, though it should be suspected in any woman of reproductive age complaining of chest pain, dyspnea, cough, hemoptysis, and scapular pain. It can present as pneumothorax, hemothorax, hemoptysis, or lung nodules. Spontaneous pneumothorax occurs in 1.2-6 women out of 100,000, with endometriosis accounting for 3-6% of these cases. We present a rare case of a large, spontaneous pneumothorax requiring pleurodesis, thoracoscopy, thoracotomy, and hormonal therapy with medroxyprogesterone.

Clinical Case

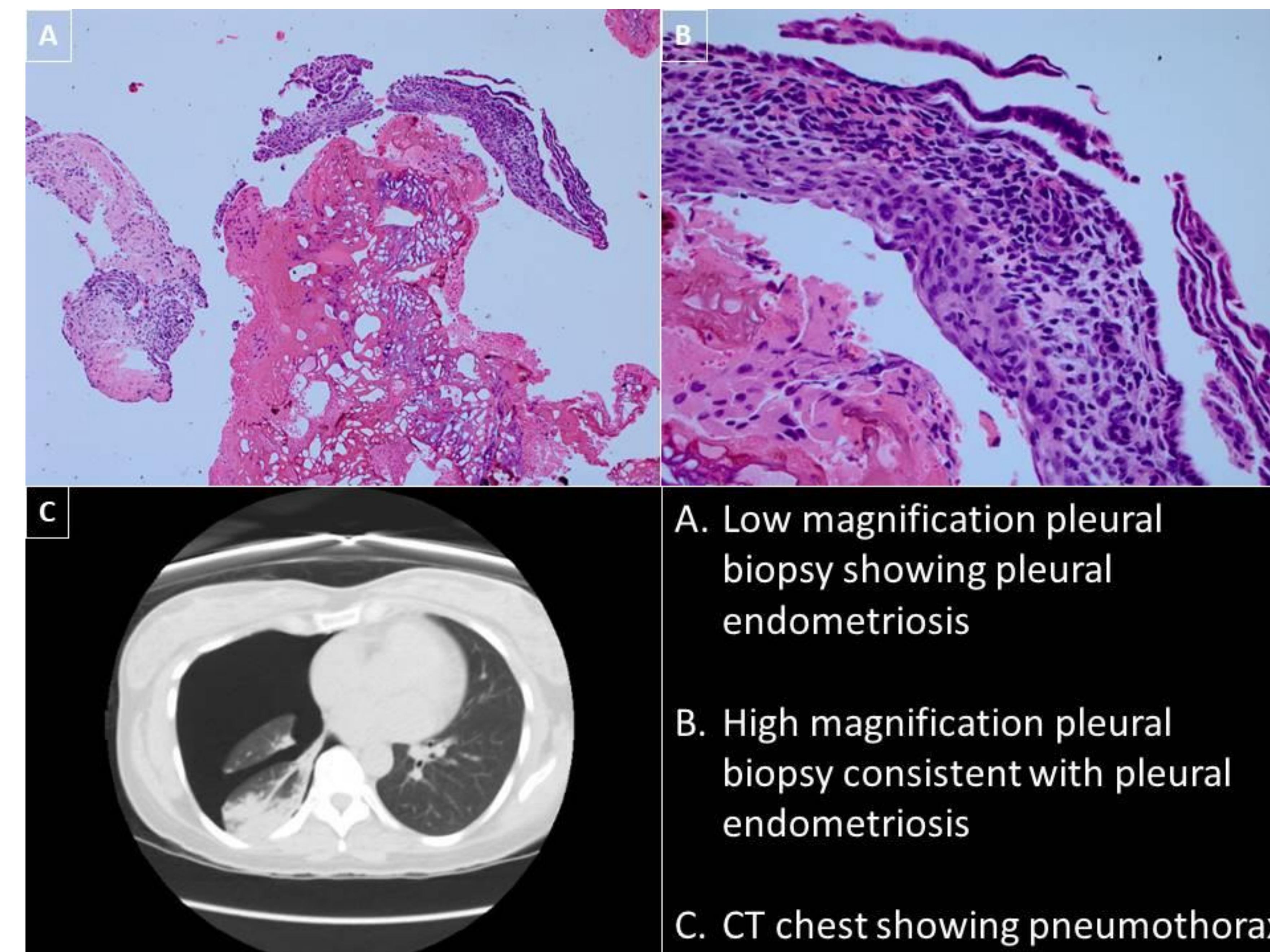
A 43-year-old female initially presented with chest pain and difficulty breathing for one day prior to admission. A right sided pneumothorax was diagnosed and a chest tube was placed. The patient complained of pleuritic chest pain occurring monthly during menstruation for a year. CT scan revealed several right sided pleural nodules. The clinical impression was that of catamenial pneumothorax. A right VATS revealed multiple parietal pleural implants along the pleura and diaphragmatic surface. The implants contained “chocolate” colored fluid. Pleural biopsy and talc pleurodesis were performed. Pathology of the same was consistent with right pleural endometriosis.

Over the following months, patient had recurring right pneumothoraces requiring repeated chest tubes. Of note, patient was unable to get hormonal therapy due to insurance issues. In an attempt to control her symptoms, patient underwent a partial oophorectomy, a second VATS procedure and finally a right pleural decortication. Patient presented to her last clinic visit with mild shortness of breath and local pain related to the thoracotomy. Patient was without clinical symptoms of a pneumothorax. She is currently on hormonal therapy with medroxyprogesterone injection and norethindrone acetate without further complications.

Discussion

Although thoracic endometriosis is still rare, it is the most common form of extra-pelvic endometriosis. It is often misdiagnosed, with symptoms recurring for months before the correct diagnosis is made. This case illustrates the importance of early recognition of the symptoms of thoracic endometriosis in any woman of reproductive age. This condition can be treated through surgery, medical treatment, or hormone therapy.

Figure 1.



A. Low magnification pleural biopsy showing pleural endometriosis

B. High magnification pleural biopsy consistent with pleural endometriosis

C. CT chest showing pneumothorax

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