

Thoracic Endometriosis Syndrome: Catamenial pneumothorax case report

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Background

Endometriosis is a chronic debilitating disease that affects 6-10% of women. Thoracic Endometriosis Syndrome (TES) is an extremely rare disorder that involves the presence of endometrial tissue in the pleura, lung parenchyma, airways, and/or diaphragm. TES encompasses three clinical entities: catamenial pneumothorax, catamenial haemoptysis and pleural nodules, of which catamenial pneumothorax is the most common clinical presentation. Catamenial pneumothorax is defined as spontaneous and recurrent pneumothorax occurring with the onset of menstruation.



Case Report

20 year old female referred to BSGE accredited Endometriosis Centre with a history of recurrent bilateral catamenial pneumothoraces.

Thoracoscopy and bilateral talc pleurodesis in 2015, histology confirmed endometriosis.

Post operatively contraceptive implant sited 2015-2018.

Further catamenial pneumothorax suffered in 2018 following removal of contraceptive implant.

Patient attended for gynaecology review at BSGE accredited Endometriosis Centre reporting cyclical chest pain, however otherwise fit and well.

Laparoscopy revealed deposits of deep infiltrating endometriosis on uterosacral ligaments bilaterally, pouch of douglas obliterated and diaphragmatic endometriosis. All visible deposits of endometriosis were excised with nil complications.

Ongoing management with hormonal suppression. Uneventful recovery and symptomatic relief.



Summary

Although endometriosis in general can affect up to 10% of women, thoracic endometriosis is exceedingly rare. It is a complex condition and diagnosis is often delayed or missed resulting in recurrent hospitalisations and complications. A high index of suspicion is essential in any woman of reproductive age who is experiencing cyclical chest pain, dyspnoea, and/or haemoptysis.

Thoracic and pelvic endometriosis are often concomitant and require multi disciplinary management. Current treatments include hormone suppressive therapy and where warranted surgical intervention from both a pleural and pelvic perspective with excision of disease.

*no conflict of interest