

A CASE OF BILATERAL RECURRENT CATAMENIAL PNEUMOTHORAX. THE PATH TO OBLITERATION OF THE PLEURAL CAVITY

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Abstract

Catamenial (menstrual) pneumothorax is a recurrent spontaneous pneumothorax that occurs within 24-72 hours after the onset of menstruation. The most frequent cause of this condition is extragenital, namely thoracic endometriosis, with the presence of functioning endometrioid tissue in the pleura, lung parenchyma, respiratory tract, and diaphragm.

Coelemic metaplasia, retrograde menstruation, microembolism of endometrial tissue, clockwise peritoneal circulation, and transgenital-transdiaphragmatic air movement are common theories postulated for thoracic endometriosis. The diagnosis of thoracic endometriosis requires histological confirmation, whereas catamenial pneumothorax is a clinical diagnosis, accounting for 18–33 % of spontaneous pneumothorax in women.

Unfortunately, catamenial pneumothorax does not differ in any way from the pneumothorax from other causes, except of synchronous development with menstruation. Diagnosis should be based on the results of radiological (chest radiography, chest computed tomography), instrumental (thoracoscopy, VATS, thoracotomy), pathohistological and immunohistochemical examination methods. Diagnosis of the disease usually takes from 8 to 18 months.

The article describes the clinical case of catamenial pneumothorax and the results of treatment using minimally invasive methods aimed at complete obliteration of the pleural cavity by means of a total pleurectomy.

The purpose of the article is to better characterize the phenomenon of catamenial pneumothorax, to evaluate the symptoms and methods of diagnosis, and to improve the outcomes of surgical treatment of spontaneous pneumothorax in women by using minimally invasive methods for complete obliteration of the pleural cavity with a total pleurectomy.

Key words: catamenial pneumothorax, endometriosis of the diaphragm, VATS, surgical treatment, oral contraceptives.

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