

中文題目：月經性氣胸：一個病例報告

英文題目：Catamenial pneumothorax: a case report

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Introduction: Catamenial Pneumothorax is a rare cause of secondary spontaneous pneumothorax. It is seen in approximately 3 to 6 percent of cases of spontaneous pneumothorax in women of reproductive age. It occurs within 72 hours before or after onset of menstruation. More than 90 percent of cases report a right-sided predilection for pneumothorax. We describe a case of catamenial pneumothorax in a young married female.

Case presentation: A 37-year-old woman without specific medical history presented to the emergency department(ED) with acute right chest pain of one day duration.

The pain was sharp and localized to the right posterior chest wall. She denied fever, cough, sputum, or radiation chest pain. Her menstrual cycle just finished that day. The patient is a non-smoker, and denies recent trauma or travel history. The patient had a previous history of right pneumothorax two years ago occurring during menstruation periods. On physical examination, decreased right sided breath sounds were found. All the routine laboratory work and vital signs were normal. The chest x ray showed right side pneumothorax (Figure 1).

Because of the recurrence of the episodes, we performed a video assisted thoracoscopic surgery(VATS) for wedge resection and mechanical pleurodesis. Surgical exploration revealed several small holes and gray lesions over the diaphragm (Figure 2). The histopathological findings demonstrate endometrial glands and stroma on H&E. The immunohistochemical stain demonstrates CD10 positivity, in keeping with endometrial stromal elements (Figure 3).

The post-operative course was smooth. Follow-up chest x-ray showed resolution of the pneumothorax. The patient was discharged home after six days due to being vitally stable and having no episodes of pain.

Discussion: Catamenial Pneumothorax is an unusual clinical condition which is often underdiagnosed. The etiology of this condition is therefore unknown. Symptoms

usually occur within 72 hours before or after onset of menstruation including chest pain, dyspnea and dry cough. The initial investigation is a chest radiograph, which can indicate pneumothorax, assisting the physicians to diagnose it. The VATS is considered the gold standard for both definitive diagnosis and surgical treatment of catamenial pneumothorax. In conclusion, catamenial pneumothorax should be always kept in mind in ovulating women presenting spontaneous pneumothorax.

Figure:

Figure 1: CXR on admission day(right side pneumothorax)



Figure2: Several gray lesion over diaphragm (2A) A small hole over diaphragm(2B)

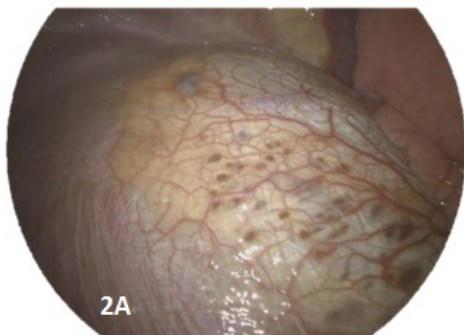


Figure 3: The histopathological findings demonstrate endometrial glands and stroma on H&E (3A). The immunohistochemical stain demonstrates CD10 positivity, in keeping with endometrial stromal elements (3B).

