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Case Report

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A case of Catamenial hemothorax and ascites

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Introduction

Disseminated endometriosis is a nonmalignant condition characterized by the implantation of endometrial glandular tissue and stroma outside the endometrial cavity. Though it affects the ovaries or pelvic peritoneum, endometriosis can involve the pleura also.

Case presentation

A 29 year old lady was referred to the Dept.of Respiratory Medicine with a history of progressive exertional breathlessness.She was on anti tuberculous chemotherapy as she was diagnosed to have pleural effusion by her physician while being investigated for infertility.

Examination showed a well nourished female with no significant general examination findings except mild dyspnoea.Moderate pleural effusion was detectable clinically which was confirmed by chest skiagram.The pleural fluid on aspiration appeared like altered blood.There were RBCs in it but there were no lymphocytes or malignant cells.Tests for tuberculosis like PCR,ADA etc.also were negative and so antituberculous treatment was stopped after complete aspiration.Though a diagnosis of catamenial hemothorax was suspected ,it could not be confirmed. She was asymptomatic for three months when she was being cared for by the gynaecologist .She presented again with massive pleural effusion(Photo1) and she agreed to have decortication done to reduce the reaccumulation of fluid. During decortication she was found to have two nodules on the pleural surface and these were also removed by the surgeon.The pleural nodules showed endometrial tissue in close apposition to alveoli,thus proving the source of the haemorrhagic pleural fluid.(Photo 2).The patient became asymptomatic for another four months when she again presented with dyspnoea but this time the dyspnoea was secondary to massive ascites.The ascitic fluid also had the same colour and consistency.She is being managed conservatively by ascitic fluid tapping whenever she becomes too dyspnoeic.

Discussion

Case reports showing endometrial tissue in pleura have been few and far between. The case presented here

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was being investigated for infertility which was a pointer to a pre-operative diagnosis. In this case as the accumulation of fluid was producing dyspnoea which was not getting relieved with aspiration, the patient agreed for decortication.It was a chance finding by the thoracic surgeon of the nodules which clinched the aetiological diagnosis.The ascites came later after decortication of pleura..It was not present on previous ultrasound scans. There were less than 15 reported cases of endometriosis presenting with both pleural effusion and ascites in 2002 as reported by Moffat et al[2].. He has also mentioned that thoracic surgeons presented with such a scenario should be cognizant of this pathological entity. A diagnosis of catamenial hemothorax should come in the differential diagnosis, in nulliparous females presenting with haemorrhagic pleural effusion

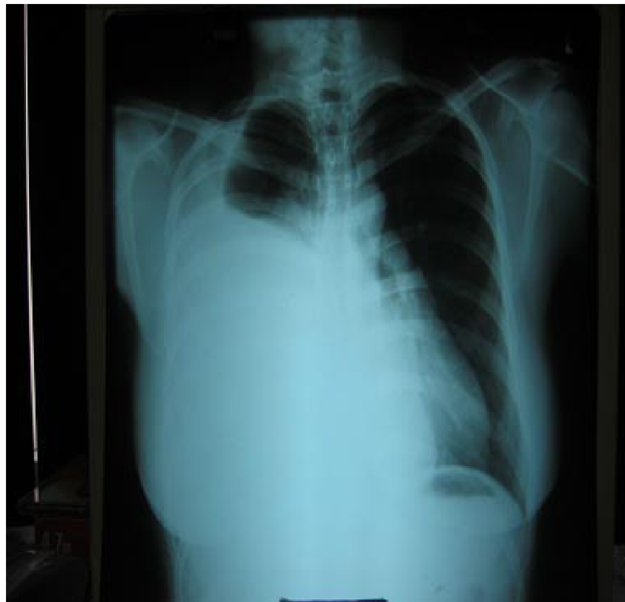

Photo1-Massive pleural effusion Rt.

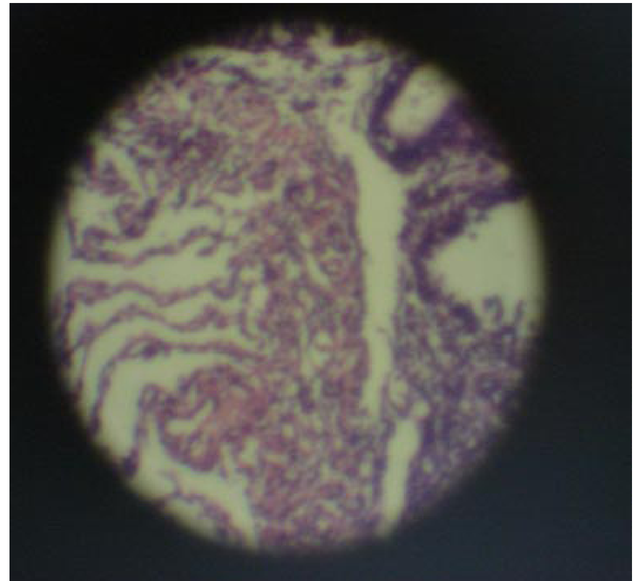

Photo 2-Pleural nodule on microscopy showing alveoli on the left and endometrial glands on the right.

References

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2 .Massive pleural endometriosis Eur J Cardiothorac Surg 2002;22:321-323 S.D. Moffatt, John D. Mitchell Department of Cardiothoracic Surgery, Stanford University, Stanford, CA, USA