Catamenial pneumothorax and ascites

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Patient history 1

- as 29-year old, after 4 years of infertility and after one IVF, a laparoscopy was performed in 2002
  - bleeding adhesions were seen in the pelvis
  - minimal endometriosis was suspected
  - tubes were open, adhesiolysis was done
- no pregnancy after several IVF
- contraceptive pills were started after IVF
Patient history 2

- she was sent to hospital due to acute pelvic pain in March, 2007
  - 33-years old
  - pain in lower abdomen and shoulders during periods
  - Hb 132, CRP 148, gynecological examination was normal, TVS showed minor ascites
  - appendicitis was suspected
  - CT scan revealed a massive pneumothorax on a right side
  - pleural suction was performed
Patient history 3

- A relapse of pneumothorax occurred after one month and was treated with suction.
- Elective endoscopic pleurectomy in May, 2007.
- A third hemopneumothorax in June, air and bloody fluid after suction, endometriosis?
- A fourth episode in August:
  - Thoracoscopy was done and small holes and black lesions were seen in diaphragma.
  - Thoracotomy, pleurectomy and resection of diaphragmae were done.
  - Endometriosis in pathology report.
our patient

another patient
Gynaecological consultation

- uterus was very adherent, no pain
- TVS normal but light ascites
- Mirena and 3 months GnRH-agonist to achieve amenorrhea
- 3 months follow-up visit
  - a black painfull lesion in umbilicus
  - swelling of the lower abdomen
  - no pain, no bleeding, no pneumothorax
  - TVS normal, byt ascites
Ascites in TVS
Laparoscopy in April, 2008

- 1 cm lesion was resected from umbilicus
- 1400 ml bloody ascites was aspirated
- diaphragma looked normal
- adhesions were deliberated in pelvis
- pathology report: no malignant cells in ascites, endometriosis in umbilicus lesion
- postoperative spotting with Mirena, peroral progestin was added
- she is doing fine now
Laparoscopy
Ascites
Adhesions