INTRODUCTION
Endometriosis is a common gynaecological condition where endometrium-like tissue is located outside the uterine cavity, predominantly inside the pelvis, causing symptoms such as dysmenorrhoea and dyspareunia. However, extrapelvic endometriosis can also occur, often leading to delay in diagnosis that results in chronic symptoms and progression of the disease with possible lifelong consequences (for example, infertility). The current case report illustrates a rare example of extrapelvic endometriosis and catamenial pneumothorax (that is, pneumothorax occurring during the perimenstrual period). The aim of this article is therefore to improve endometriosis awareness among GPs. The key message from this case report is that GPs should be aware of endometriosis when women present with symptoms that fluctuate with their menstrual cycle.

CASE REPORT
A 34-year-old woman was referred by her GP because of coughing, painful breathing, and dyspnoea. A right-sided pneumothorax was diagnosed and successfully drained. After 5 months, a second pneumothorax occurred, for which a thoracoscopic talc pleurodesis was performed to obliterate the pleural space to prevent further recurrences. No abnormalities were seen during thoracoscopy or chest CT scan. Pathological examination of the pleural biopsy revealed the presence of endometriosis spots. Delay in diagnosis of endometriosis: a case report of catamenial pneumothorax

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Figure 1. Endometriosis with extensive scarring in the pelvis (A); endometriosis spots (B); fenestration (C); and scarring on the diaphragm (D).
REFERENCES


CONCLUSION

In conclusion, extrapelvic endometriosis is a rare presentation of endometriosis that does not have a standardised treatment protocol. In women who develop recurrent complaints with a catamenial character in the fertile age, endometriosis should always be considered. Better recognition will ultimately lead to more insight into the underlying pathology and treatment options. The importance of timely recognition and treatment is illustrated by the case presented here, with a prolonged and burdensome process that is unfortunately not uncommon for these patients.

Provenance

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