

Thoracic Endometriosis: A ten year journey from symptoms to probable diagnosis

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OBJECTIVE:

- This case report of an atypical presentation of endometriosis highlights some of the difficulties in diagnosing and managing such complex cases.

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BACKGROUND:

- Thoracic endometriosis (TE) is a condition where endometrial tissue is found in the chest cavity. ⁽¹⁾
- The prevalence of TE is unknown.⁽¹⁾ It is estimated that 20 million women are living with extra-genital endometriosis. ⁽²⁾
- The thorax is the most common extra pelvic location for endometrial tissue. ⁽²⁾
- 80% of cases are associated with pelvic endometriosis. ⁽²⁾
- Symptoms: cyclical in nature, difficulty in breathing, chest pains, right shoulder pain and haemoptysis. ⁽¹⁾
- Age of diagnosis approx. 35 (later than pelvic endometriosis). ⁽²⁾

LEARNING POINTS:

- TB screening CXRs are a beneficial source of incidental findings.
- A detailed history in a patients native language is essential. It was not until this patient was admitted for a chest drain that her 10 year history in keeping with endometriosis was explored.
- TE is best managed with an MDT approach. This patient was reviewed and managed by respiratory, cardiology, cardiothoracics and gynaecology.

CONCLUSIONS:

- Clinicians should consider TE as a possible cause of atypical chest pain/shortness of breath and recurrent chronic pleural effusions. TE may be responsible for 30% of pneumothorax in women of reproductive age. ⁽³⁾
- There is a lack of guidance making diagnosis and management of this rare condition even more difficult.
- Due to a lack of evidence-based research and clinical awareness, these patients are suffering from a delay in diagnosis and suboptimal care. ⁽¹⁾ This patient went undiagnosed for at least 10 years.
- Specialised treatment centres would provide a standardised approach to diagnosis and management. ⁽¹⁾

