

CR25**Catamenial Pneumothorax due to Thoracic Endometriosis: A Case Report**

Lea Jerkić^a, Nikolina Jupek^a, Tomislav Bečejac^{a,b}, Marko Vrančić^b, Ivan Bunjevac^b, Dubravko Jalšovec^{a,b}

^a School of Medicine, University of Zagreb

^b Jordanovac Clinical Department of Thoracic Surgery, University Hospital Centre Zagreb

DOI: <https://doi.org/10.26800/LV-144-supl2-CR25>

 Lea Jerkić 0000-0002-1361-7996, Nikolina Jupek 0000-0001-8212-9040, Tomislav Bečejac 0000-0001-8603-8314, Marko Vrančić 0000-0001-8603-8314, Ivan Bunjevac 0000-0002-8947-627X, Dubravko Jalšovec 0000-0001-8603-8314

Keywords: catamenial, endometriosis, pneumothorax, VATS

INTRODUCTION/OBJECTIVES: Thoracic endometriosis syndrome (TES) is the presence of endometrial implants in a thoracic cavity. Catamenial pneumothorax is the most common manifestation of TES.

CASE PRESENTATION: A 32-year-old female was admitted to the emergency department due to progressive dyspnea and the chest x-ray confirmation of right pneumothorax after the umbilical hernia surgery. Her medical history was significant for two episodes of right-sided pneumothorax. Recently, the patient underwent video-assisted thoracic surgery (VATS) in another hospital because of a recurrent pneumothorax episode. Right pneumothorax was shown in the chest x-ray. Immediate chest tube placement followed. As post-procedure chest X-ray showed incomplete lung reexpansion, VATS was again indicated. The patient underwent a VATS procedure, partial parietal pleurectomy, and suspicious lesions were resected. Histopathological examination of the removed tissue revealed endometriosis with the focal expression of estrogen receptors. The postoperative course was uneventful. Before discharging the patient, removal of the chest tube was attempted but resulted in a partial collapse of the right lung. We performed chest drainage again and extracted the chest tube after seven days. During the three months follow-up, the patient reported no recurrence of pneumothorax. Additional examination revealed that all episodes of pneumothorax were associated with the onset of menstrual bleeding.

CONCLUSION: Catamenial pneumothorax is a rare but often recurrent condition affecting women of reproductive age. The diagnosis should be suspected if the signs of respiratory distress occur in a temporal relationship with the beginning of a menstrual cycle. The best treatment approach is thoracic surgery, VATS preferably, and hormonal therapy.

CR26**Cervical cystic lymphangioma in a pediatric patient: a case report**

Nikolina Jupek^a, Lea Jerkić^a, Mario Bilić^{a,b}

^a School of Medicine, University of Zagreb

^b Department of Otorhinolaryngology and Head and Neck Surgery, University Hospital Center Zagreb

DOI: <https://doi.org/10.26800/LV-144-supl2-CR26>

 Nikolina Jupek 0000-0001-8212-9040, Lea Jerkić 0000-0002-1361-7996, Mario Bilić 0000-0002-2525-9524

Keywords: cervical cystic lymphangioma, respiratory failure, surgical excision

INTRODUCTION/OBJECTIVES: Cystic lymphangiomas are benign congenital malformations of the lymphatic system characterized by multilocular cystic cavities filled with fluid. Most commonly they are found among the pediatric population. They have a strong predilection for the cervicofacial region.

CASE PRESENTATION: We report a case of a 14-month-old female patient who presented with left-sided swelling of the neck which was present at birth. The swelling had progressively increased in size after an episode of upper respiratory tract infection. After admission to the hospital, routine tests were made. Her complete blood count and other biochemical parameters were within normal limits. Fine needle aspiration cytology was performed unsuccessfully. On the first night of hospitalization, the patient developed respiratory failure so Computed Tomography was delayed. Conventional X-ray images showed a deviation of the trachea and larynx to the right and a large shadow covering the left side of the neck. Ultrasound revealed 7 – 8 hypoechoic and hyperechoic round and elliptic areas and the largest one was located in the submental region. Complete surgical excision of the lesion was done. Postoperatively patient recovered well, without any complications. Histopathological examination of tissue confirmed the diagnosis of cystic lymphangioma. The patient has been followed up for 8 months with no evidence of disease recurrence.

CONCLUSION: Lymphangiomas are most often asymptomatic and require no treatment, but sometimes they can cause potentially fatal complications. Complete surgical excision is recommended for lesions that persist, enlarge, or produce obstructive symptoms.

CROSS