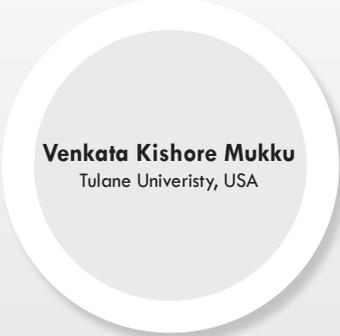


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Large spontaneous right catamenial pneumothorax with diaphragmatic defect and liver herniation?

Catamenial pneumothorax (CP) is a spontaneous pneumothorax that occurs predominantly in women of child bearing age. In the literature, only few cases of CP with diaphragmatic defect and liver herniation are reported. We present a case of 40 year old nulliparous woman with medical history significant only for endometriosis presented with severe chest tightness of 1 day duration. Chest radiography (CXR) showed a large right spontaneous pneumothorax with what was thought to be, a 5.6 cm pleural mass at the right lung base. Following the pneumothorax diagnosis, the patient underwent emergent right thoracostomy with pigtail catheter placement. A repeat CXR revealed marked reexpansion of the lung but persistence of the right pleural mass. A follow up computed tomography scan of chest showed 33 mm diaphragmatic defect with a 5.8 x 4.6 x 3.9 cm area of herniated liver corresponding to presumed pleural mass. Following complete thoracic imaging the patient underwent video-assisted thoracoscopic surgery (VATS), mechanical pleurodesis, and open repair of the right diaphragmatic defect. Intraoperatively, an endometrial implant was noted on chest wall. On post-operative day-3, she began her menstrual cycle and was evaluated by a gynecologist who recommended hormonal therapy to reduce the risk of recurrent pneumothorax. Due to persistent air leak, chest tube was transitioned to Heimlich valve to facilitate home discharge. The patient was discharged on postoperative day 8 and seen as an outpatient with resolution of air leak and removal of chest tube.

Biography

Venkata Kishore Mukku is an internal medicine resident at Baton Rouge General Interanal Medicine Residency Program affiliated to Tulane Univeristy School of Medicine. Currently, he is doing 2nd year of internal medicine. He has 9 peer reviewed published articles and 10 abstracts.

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