

THORACIC ENDOMETRIOSIS: CATAMENIAL PNEUMOTHORAX

TELEVISION

1.) House: Season 5 Episode 14: The Greater Good. (Broadcast debut: Feb. 2, 2009). Free viewing @:

[Http://www.dailymotion.com/video/x4vr7171](http://www.dailymotion.com/video/x4vr7171)

[Https://House.oldtvepisodes.com/episode/S05E14](https://House.oldtvepisodes.com/episode/S05E14)

[Http://www.IMDB.com/title/tt1273717](http://www.IMDB.com/title/tt1273717)

The case has a few accurate representations. There are also many 'Hollywood' features. Most women with extra-pelvic disease have lesions involving one, two or very infrequently three body systems outside of reproduction (ie the most common: urinary/excretory, gastrointestinal/digestive, respiratory and cutaneous). In this episode a single case presents with lesions in multiple areas that have been documented only a few times (ie. nasal-lacrimal, nasal, pericardium) in addition a few that are a bit more common (ie. lung, liver and skin). However, no case has ever presented with the number of lesions in very obscure locations within a single person.

Facts:

- a.) Pain and Pressure Chest through Back, Dry Cough, Shortness of Breath (Initial catamenial pneumothorax rarely creates 'tension' with compromised cardiac output or loss of consciousness.)
- b.) Differential Diagnosis List for most common causes, CT Image best imaging for lung parenchyma (1-5).
- c.) History of myomectomy 8 months prior to 1st episode of CP. (A portion of sufferers have a history of prior uterine manipulation before CP) (6).

d.) Patient experienced 'spinal shock's' (Lhermitte's Sign). These symptoms commonly occur when a person flexes the head toward his chest. This creates traction/lengthening of the tissue surrounding the brain and entire spinal cord. If an obstruction in the spinal canal restricts movement of the neural tissue, a patient experiences electrical shocks. The area of body shocks are experienced helps identify the location of the restriction in the spinal canal. A few case reports of endometriosis within the spinal canal have been reported (7,8,9).

e.) MRI revealed lesion in the pericardium. Active lesion at menses led to cardiac tamponade due to bloody pericardial effusion placing counterpressure on the heart for it to beat irregularly. (Very few cases of the heart and pericardium have been reported (10,11)

Myth-information:

a.) @08:05 briefly show CT Images. A team member denotes "increased interstitial markings" in central tissue of R lung. The team suggested 'Pulmonary Fibrosis'. If endometriosis lesions were present in the lung tissue (of adequate size to be detected, vs hypothesized 'minute nests' which are oft not seen with imaging), these most commonly present as 'ground glass opacities' at menses. Lesions are also more commonly located in the lung periphery (1-5)

b.) Pt scratched through temporal region of skull because it was 'itchy'. Fingernails cannot penetrate the skull. Cutaneous endometriosis swells, may discolor and is tender to touch. (No published reports state pruritis (severe itching) as a symptom (12).

c.) @37:00 'Ectopic Endometriosis'. 'Endometriosis' by definition is 'ectopic'. "Endometriosis is a condition where tissue similar to the lining of the uterus (the endometrial stroma and glands, which should only be located inside the uterus) is found elsewhere in the body. (13)

(Note: @37:15 House begins his narrative to explain the hematological metastases of endometrial cells from within the uterus

were distributed by the blood vessels throughout the body (14). This is one of many possible theories to explain some remote locations. However, not all extrapelvic lesions, nor their histology support this theory. House states: "Cut out the masses she will be fine". He suggests excision of lesions without medical management using hormone manipulation. What is left 'unsaid' is the fact, a case as complex as hers would require a multidisciplinary team to remove all lesions (cardiothoracic, general, ophthalmic and neurosurgeons—preferable with an experienced excision gyn to identify lesions). Her medical history stated myomectomy which implies she retained her uterus. House did not suggest a hysterectomy to prevent future 'recurrence'. As we know, recurrence of CP can and does occur despite hysterectomy w/ and w/o ovary removal (15–17).)

Citations: House Season 5 Episode 14: The Good Cause

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