Catamenial haemoptysis: a rare cause

D J Wood, K Krishnan, P Stocks, E Morgan, M J Ward

Abstract
Since the first report of pulmonary endometriosis as a cause of catamenial haemoptysis all cases have been assumed to be due to pulmonary endometriosis, even in the absence of histopathological proof. A case is presented where the histological findings were of a pulmonary arteriovenous malformation.

(Thorax 1993;48:1048-1049)

Periodical haemoptysis occurring in association with the menses (catamenial haemoptysis) is a rare entity. Since the first published case, which was due to endometriosis of the lung, there have been fewer than 20 reported cases. All the cases described have been attributed to pulmonary endometriosis although less than one third have had histological evidence.

Microscopic section of a lesion removed by segmental resection of the right upper lobe. Van Gieson staining showing numerous blood vessels.

Discussion
Catamenial haemoptysis is rare with about 20 cases having been reported since Lattes et al first described cyclical haemoptysis associated with the menses due to pulmonary endometriosis. All of the cases reported have been attributed to pulmonary endometriosis although histological confirmation has been obtained in less than one third. Previously published guidelines have suggested that the diagnosis of catamenial haemoptysis due to pulmonary endometriosis should be made on the basis of the clinical picture of cyclical haemoptysis associated with the menses after exclusion of other causes of recurrent haemoptysis.2 Several techniques have been used in the investigation of catamenial haemoptysis. All of the reported cases had chest radiographs taken during haemoptysis but only a few had a discernible lesion and, when an intermenstrual chest radiograph was taken, the lesion was noted to be smaller or not visible. All but one patient underwent bronchoscopic exami-

nation but an endobronchial lesion was identified in only one case. A tissue diagnosis was obtained in two cases, one following transbronchial biopsy and the other a cytological diagnosis after bronchial lavage.3 Computed tomography was performed in six patients; in all cases scans performed during haemoptysis revealed a lesion but it was unusual for intravenous injection of contrast medium to produce enhancement.5 Angiography has been previously reported as being of little value in the investigation of patients with catamenial haemoptysis.6

Possible theories of the mechanisms by which arteriovenous malformations cause catamenial haemorrhage may be based on the cyclical changes of oestrogens. It has been shown that high doses of oestrogens reduce bleeding from the vascular malformations in hereditary haemorrhagic telangiectasia and that this effect may be due to oestrogens maintaining the continuity of vascular endothelium or by an effect on blood coagulation.7-9 Fluid shifts associated with oestro-
gen induced fluid retention and the natriuretic effects of progesterone may cause changes in pulmonary artery pressure and thus provoke haemorrhage from an arterio-
enous malformation.

It has been stated that, with a good history of cyclical haemoptysis occurring in association with the menses and radiographic evidence of a lesion whose character and size changes during and between menses, the diagnosis of pulmonary endometriosis can be made without further investigation.10 We believe our case suggests that arteriovenous malformations should be considered in cata-
menial haemoptysis.

5 Herzman Y, Hernier D, Hirsch M. Computed tomogra-

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10 Elliot DL, Barker AF, Dixon LM. Catamenial haemop-
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Thorax 1993 48: 1048-1049
doi: 10.1136/thx.48.10.1048

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