Catamenial haemoptysis and clomiphene citrate therapy

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CASE REPORT

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Diagnosis of catamenial haemoptysis is usually clinical, based on haemoptysis coincident with menstrual bleeding. Although histological findings were unhelpful in this case, the characteristic history, cyclical change in bronchoscopic appearance, and eventual response to treatment are enough to warrant the diagnosis. We are aware of four previous descriptions of endobronchial abnormalities due to thoracic endometriosis in the English literature, each of which is different from the others. There is only one previous description of angiographic abnormalities in catamenial haemoptysis. This case provides additional evidence for the wide spectrum of disease manifestation possible in this condition.

It has been suggested that CT scanning is the investigation of choice in confirming the diagnosis, providing that it is performed during the symptomatic period, and that further investigations such as fibreoptic bronchoscopy and bronchial angiography are of little value. However, chest radiography, CT scanning, MRI scanning, bronchoscopy, and angiography all have a yield in this extremely rare condition. Yet the appearances obtained with each investigation are variable and non-specific within the context of a wide differential diagnosis. Furthermore, histological information is instructive in less than one third of cases. The diagnosis therefore remains one of exclusion. For these reasons we believe that bronchoscopy should remain integral to the investigation of catamenial haemoptysis and that all modalities may be needed to establish the diagnosis, the most important characteristic being cyclical occurrence of symptoms and any abnormality detected.

The pathogenesis of thoracic endometriosis remains uncertain. Pulmonary parenchymal endometriosis is thought to result from haematogenous dissemination of endometrial particles. Haemoptysis results from fluid shift during menstruation causing capillary rupture within the lesions. Previous vaginal deliveries and uterine instrumentation are strongly associated and support this hypothesis. Interestingly, however, this case illustrates the development of refractory catamenial haemoptysis following treatment with clomiphene citrate. This compound has recently been recommended as early empirical treatment for endometriosis associated infertility. Paradoxically, there have been previously reported cases of ovarian endometrial cysts associated with

Figure 1 Left bronchial angiogram showing hypervascularity and multiple arterial blushes throughout the left lung.

DISCUSSION

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clomiphene treatment. Furthermore, pelvic endometriosis has been found in 57% of women undergoing treatment with clomiphene compared with only 7% of controls. This is the first reported association between clomiphene citrate therapy and thoracic endometriosis and represents a possible risk factor for the development of this condition. We recommend caution in the use of clomiphene citrate as early empirical treatment for infertility, particularly in patients with other risk factors for endometriosis. In addition, a history of such treatment should be sought in patients presenting with cata- menial haemoptysis.

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