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COMMENT

Comment to the article: Diaphragmatic patch: A useful adjunct surgical treatment of recurrent catamenial hemothorax

Comentário ao artigo: Penso diafragmático: um auxiliar útil para o tratamento cirúrgico de hemotórax recorrente catamenial

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The present work reviews the catamenial hemothorax and its relation to two potential clinical cases.

Hemothorax is a condition usually associated to thoracic trauma, iatrogenesis, pneumothorax, and malignant or infectious pleural disease. Apart from these clinical entities, the presence of hemothorax is not frequent and its etiology is usually difficult to ascertain. Thoracic endometriosis[1,2] is one of the rare entities that can be responsible for the presentation of a hemothorax, and the diagnosis is relatively easy when endometriosis foci are found within the thoracic cavity. More frequently, hemothorax is clinically diagnosed in female patients with abdominal endometriosis presenting pneumothorax and/or hemothorax associated with the end phase of the menstrual cycle.[2,3] Other cases are usually labelled as idiopathic cases.

Regarding the treatment, the use of drainage alone can be sufficient; as a matter of fact, autologous blood was injected in the pleural space as the treatment for pneumothorax since it facilitates the development of pleural adherences.[4,5]

Cleaning of pleural cavity through videothoracoscopy, combined with pleural and diaphragmatic abrasion, could facilitate the diagnosis and, at the same time, solve the problem.[2,3] In case of relapse, total or partial parietal pleurectomy could be a more aggressive option for the management of this entity. In every case, pleural examination and lung palpation should be done in order to identify the presence of lung bullas, endometriosis foci or nodules that should be resected for diagnosis and treatment purposes. The diaphragm should be carefully inspected for the identification and closure with suture of orifices that can be occasionally found.

Talc produces intense adherences in the pleura, and its use is recommended for the treatment of malignant pleural effusions as palliative treatment. However, talc poudrage was considered an absolute contraindication to lung plant. Nowadays, the International Society of Hea Lung Transplantation still consider talc poudrage as high surgical and postoperative risk factor.[6] All of have performed transplant surgery in patients pre treated with talc pleurodesis know the intense pleura tion against talc, which can be especially problemati fibrosis affects vascular and mediastinal structure use of talc in patients of 30–40 years of age wh require a transplant or any other thoracic surgical vention in the future should be approached with caution.

In these cases the reconstruction of the diaphragm Gore-Tex patch has been effective,[7] but it is a very a task, expensive and, probably unnecessary, especiall no transdiaphragmatic orifices or significant diaphra pathology are observed.

The end may justify the use of exceptional me especially, complex cases, but it never justifies the mendation of those means as routine treatment.

In conclusion, we should always be extremely th in the fulfilment of diagnostic criteria and very ca when we use or recommend therapeutic procedure are not yet well established or are not free from complications.

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