Thoracic endometriosis syndrome at the University of Ilorin Teaching Hospital

This issue of the *AJTCCM* includes a retrospective review by Adeoye *et al*.[1] on their experience with thoracic endometriosis syndrome, as seen over a 3.5-year period at a teaching hospital in Ilorin, Nigeria.

Thoracic endometriosis syndrome, which refers to the presence of endometrial tissue in the lung parenchyma or on the pleural surfaces, is an extremely rare condition. Presentation is variable, but patients can be broadly grouped into those who present with signs and symptoms related to catamenial pneumothorax, catamenial haemothorax or intrapulmonary (parenchymal or airway) nodules, which usually present with haemoptysis. In the reported study, pleural effusion was the most frequent presenting sign.

As with all rare conditions, diagnosis is often delayed. A diagnosis is based on a high clinical index of suspicion in the first instance. Pointers include: a cyclical presentation of chest pain, dyspnoea, cough or haemoptysis that occurs in relation to the menstrual cycle, cases presenting in women during the productive years and symptoms that affect the right hemithorax. Clinical suspicion should prompt investigation that involves a computed tomography scan and testing CA-125 serum levels.

The authors recognise the importance of thoracoscopic techniques for obtaining a histological diagnosis and intrathoracic management of the pleural space. They also mention the inadequacy of basing the diagnosis on pleural fluid and bronchial lavage cytology. Their observation that chemical pleurodesis alone has a poor success rate in patients with pleural effusions is also supported by the literature. They conclude that early thoracoscopic intervention is desirable, and that pleurectomy should replace pleurodesis when indicated.

The authors have provided a concise summary and literature review of various aspects of this interesting and complex condition.

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1. Adeoye PO, Adeniran AS, Adesina KT, et al. Thoracic endometriosis syndrome at University of Ilorin Teaching Hospital. Afr J Thoracic Crit Care Med 2018;24(2):87-91. DOI:10.7196/AJTCCM.2018.v24i2.201

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The evaluation and treatment of postintubation tracheal strictures

Tracheal strictures following prolonged ventilation have been well described for at least 50 years. The condition can be successfully treated with resection and end-to-end anastomosis. The use of low-pressure endotracheal cuffs, better attention to nursing detail and advances in invasive ventilation techniques have markedly decreased the incidence. However, strictures following intubation are unfortunately still observed. The paper by Perumal *et al*.[1] in this issue of the *AJTCCM* relates the South African experience for a condition that is becoming rare.

In a developing country, where many patients are treated by non-specialists, this paper is important as it highlights a potentially life-threatening complication associated with invasive ventilation of a patient. Given the high incidence of trauma experienced in the country, patients may receive suboptimal treatment, especially in rural areas where specialists are not available.

The misdiagnosis of asthma in a patient who has been ventilated needs to be stressed, as a stricture can develop after a surprisingly short period of ventilation. Suspected tracheal strictures should be referred to a centre of expertise as a matter of urgency. Symptoms develop only after the diameter of the trachea has reduced by 50%, and are an indication of a significant stricture.

The paper is a timely reminder of a potentially life-threatening complication of invasive ventilation, which is seen too often in developing countries and which should be eliminated with good medical and nursing care.

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1. Perumal R, Ramghulam S, Reddy S. The evaluation and surgical management of post-intubation tracheal strictures at a thoracic surgery referral centre in South Africa. *Afr J Thoracic Crit Care Med* 2018;24(2):82-86. https://doi.org/10.7196/SARJ.2018.v24i2.193