



Date of Search: 02 Feb 2017

Sources Searched: Medline, Embase.

Pneumothorax in Pregnancy

1. Recurrent spontaneous pneumothorax during pregnancy managed conservatively: a case report.

Author(s): Mohamed Faisal, A H; Hazwani, A; Soo, C I; Andrea Ban, Y L

Source: The Medical journal of Malaysia; Apr 2016; vol. 71 (no. 2); p. 93-95

Publication Date: Apr 2016

Publication Type(s): Journal Article

Abstract: A 36-year-old lady presented with four episodes of right sided pneumothorax during pregnancy requiring multiple chest drain insertion. It was complicated with persistent air leak despite low pressure high volume suction applied to the chest drainage. She delivered safely through spontaneous vaginal delivery with chest drainage. Further imaging by high resolution computed tomography (HRCT) scan of thorax done revealed bilateral scattered pulmonary cysts and sub pleural bullae and was later followed up with respiratory unit. She had no further episodes of pneumothorax postpartum. This case highlights the vital importance of prompt recognition and management of pneumothorax in pregnancy as the patient involved is at higher risk for acute respiratory failure leading to maternal and/or foetal mortality. It is essential for early involvement of obstetric team and to expedite the delivery for a better perinatal and maternal outcome.

Database: Medline

2. Pregnancy with hypoplastic left lung complicated by pneumothorax and pulmonary embolism.

Author(s): Zainudin, Lily D; Abdul Hafidz, Muhammad I; Zakaria, Ahmad F; Mohd Zim, Mohd A; Ismail, Ahmad I; Abdul Rani, Mohammed F

Source: Respirology case reports; Mar 2016; vol. 4 (no. 1); p. 19-21

Publication Date: Mar 2016

Publication Type(s): Journal Article

Available in full text at [Respirology Case Reports](#) - from National Library of Medicine

Abstract: We report a case of a 34-year-old lady with past history of asthma and pulmonary tuberculosis, who presented 5 weeks pregnant with acute dyspnea. Her chest X-ray showed left-sided complete lung collapse and concomitant right-sided pneumothorax. The pneumothorax was initially managed conservatively with a chest tube but due to its persistence despite suction, was subsequently changed to a Pneumostat(TM), with which she was later discharged. She had a normal echocardiography (ejection fraction [EF] 67%) at 5 weeks of gestation but developed pulmonary hypertension (EF 55%, pulmonary arterial pressure 40.7 mmHg) as the pregnancy progressed. She delivered a healthy baby at 35 weeks via elective lower section caesarean section with spinal anaesthesia. We followed her up postnatally and noted the presence of left-sided pulmonary embolism, hypoplastic left lung, and left pulmonary artery. The management of this complex case involved a multidisciplinary effort between general medical, respiratory, obstetric, and cardiothoracic teams.

Database: Medline

3. Fetal Heart Rate Monitoring During Surgical Correction of Spontaneous Pneumothorax During Pregnancy: Lessons in In Utero Resuscitation.

Author(s): Wilson, Bailey; Burt, Bryan; Baker, Byron; Clark, Steven L; Belfort, Michael; Gandhi, Manisha

Source: Obstetrics and gynecology; Jan 2016; vol. 127 (no. 1); p. 136-138

Publication Date: Jan 2016

Publication Type(s): Case Reports Journal Article

Available in full text at [Obstetrics and Gynecology](#) - from Ovid

Abstract:Spontaneous pneumothorax during pregnancy has potentially serious implications for the mother and fetus. When surgical correction is required, complex maternal physiologic alterations may significantly affect fetal well-being. A woman underwent thoracoscopic lung resection and pleurodesis at 29 weeks of gestation. At various points during the procedure, maternal hemodynamic and respiratory consequences of anesthetic and surgical management resulted in severe fetal heart rate (FHR) decelerations and bradycardia. In each instance, physiologic manipulations based on an understanding of the likely cause of fetal hypoxia allowed correction of the FHR abnormalities without delivery. Nonsurgical perinatal intervention based on FHR monitoring and analysis of the likely pathophysiologic abnormalities underlying fetal decelerations may allow the gravid woman to undergo complex procedures and continue the pregnancy.

Database: Medline

4. Recurrent pneumothorax in a pregnant woman with a family history of spontaneous pneumothorax.

Author(s): Liberis, A; Tsikouras, P; Liberis, V

Source: Hippokratia; 2015; vol. 19 (no. 3); p. 287

Publication Date: 2015

Publication Type(s): Journal Article

Available in full text at [Hippokratia](#) - from National Library of Medicine

Database: Medline

5. A pregnant patient with chronic lung disease and persistent pneumothorax with incidental findings of pulmonary embolism, hypoplastic left lung and pulmonary artery

Author(s): Zainudin L.D.; Hafidz M.I.A.; Rani M.F.A.; Zim M.A.M.; Ismail A.I.

Source: Respiriology; Dec 2015; vol. 20 ; p. 67

Publication Date: Dec 2015

Publication Type(s): Journal: Conference Abstract

Available in full text at [Respirology](#) - from John Wiley and Sons

Abstract:We report a case of a 35-year-old lady with previous asthma and pulmonary tuberculosis (pTB); who was 5 weeks pregnant at the time of first presentation with acute dyspnoea. Her chest X-ray showed left-sided complete lung collapse and concomitant right-sided pneumothorax. The pneumothorax was initially managed conservatively with a chest tube but due to its persistence despite suction, subsequently changed to a PneumostatTM, with which she was later discharged. She had a normal echocardiography (ejection fraction (EF) 67%) at 5-weeks gestation but showed evidence suggestive of pulmonary hypertension (EF 55%, pulmonary arterial pressure 40.7 mmHg) as

the pregnancy progressed. The decision to continue with pregnancy was based on an initially normal echocardiogram, patient decision, normal oxygenation, good premonitory history and a risky termination procedure. After multiple multi-disciplinary meetings, she delivered a healthy baby at 35 weeks via elective lower section Caesarean section (LSCS) with spinal anaesthesia. We followed her up post-natally and found a left-sided pulmonary embolism on Computed Pulmonary Angiography (cTPA) along with other changes of chronic lung disease. Interestingly the CT scan was also suggestive of hypoplastic left lung and left pulmonary artery. Her spirometry showed a mixed obstructive and restrictive pulmonary disease (FEV1/FVC = 79%, FEV1 = 47%, FVC = 59% predicted). The management of this complex case involved a multi-disciplinary effort between general medical, respiratory and obstetric teams antenatally and postnatally thereafter included cardio-thoracic teams. The assessments of patients with chronic lung disease involved regular monitoring with echocardiography, lung function studies and oxygen monitoring during pregnancy.

Database: EMBASE

6. Case Report: Perioperative management of a pregnant poly trauma patient for spine fixation surgery

Author(s): Vandse R.; Cook M.; Bergese S.

Source: F1000Research; Jul 2015; vol. 4

Publication Date: Jul 2015

Publication Type(s): Journal: Article

Available in full text at [F1000Research](#) - from National Library of Medicine

Abstract: Trauma is estimated to complicate approximately one in twelve pregnancies, and is currently a leading non-obstetric cause of maternal death. Pregnant trauma patients requiring non-obstetric surgery pose a number of challenges for anesthesiologists. Here we present the successful perioperative management of a pregnant trauma patient with multiple injuries including occult pneumothorax who underwent T9 to L1 fusion in prone position, and address the pertinent perioperative anesthetic considerations and management. Copyright © 2015 Vandse R et al.

Database: EMBASE

7. Primary spontaneous pneumothorax in the first trimester of pregnancy

Author(s): Manahan M.R.P.

Source: BJOG: An International Journal of Obstetrics and Gynaecology; Apr 2015; vol. 122 ; p. 196

Publication Date: Apr 2015

Publication Type(s): Journal: Conference Abstract

Available in full text at [BJOG: An International Journal of Obstetrics and Gynaecology](#) - from John Wiley and Sons

Abstract: Introduction Spontaneous pneumothorax in pregnancy is a rare condition. There are approximately 50 cases cited in the literature of which 37% did not have an underlying lung disease. Thirty-five percent of these occurred at the first trimester of pregnancy. Case A 36-year-old Filipina, Gravida 3 Para 1 (1011) on the fifth to sixth week of gestation presented with sudden onset of dyspnea. Two hours prior to admission, the patient developed shortness of breath just after rising from a sitting position. This was associated with orthopnea but no chest pain. The patient had stopped smoking a year prior. A chest X-ray done within the year was normal. The pregnancy resulted from in vitro fertilisation, with implantation of a single 5-day old blastocyst 23 days prior to admission. Although the patient did not have vaginal bleeding, subchorionic haemorrhage was seen

on ultrasound done the day before. The patient was taking estradiol valerate and dydrogesterone orally and was using progesterone vaginal gel daily. The respiratory rate was 36/min. There was alar flaring. Breath sounds were absent on the right lung field. The first impression was pulmonary embolism. Oxygen saturation, however, was at 99%. A chest X-ray with abdominal shield showed 55% pneumothorax on the right with shift in the midline structures to the opposite side. After explaining the advantages and disadvantages of observation versus surgery, a closed chest tube thoracostomy was done by a cardio-thoracic surgeon. A French 28 tube was inserted through the right sixth intercostal space, anterior axillary line under local anaesthesia. Nalbuphine and paracetamol were used for analgesia. The tube was removed after 72 hours. Pneumothorax did not recur throughout pregnancy. Since the patient had a prior spontaneous vaginal delivery, the plan was to perform vacuum-assisted delivery at term to prevent repeated Valsalva manoeuvres. When the patient went into labour on the 39th week of gestation, epidural anaesthesia was given prior to delivery of a normal baby via ventouse. To date, 2 months after delivery, the patient remains asymptomatic. Conclusion The symptoms of spontaneous pneumothorax may mimic common respiratory symptoms associated with pregnancy. A high index of suspicion is necessary so that prompt management may be initiated. Due to the paucity of practice guidelines, the goals of treatment should aim for early diagnosis and prompt resolution of symptoms. Management should be arrived upon after informed consent. Ultimately, the objective is to safely deliver a healthy baby from a healthy mother.

Database: EMBASE

8. Recurrent spontaneous pneumothorax in pregnancy.

Author(s): Vinay Kumar, A; Raghukanth, A

Source: The Indian journal of chest diseases & allied sciences; 2014; vol. 56 (no. 1); p. 33-35

Publication Date: 2014

Publication Type(s): Case Reports Journal Article

Available in full text at [Indian Journal of Chest Diseases and Allied Sciences](#) - from Free Access Content

Database: Medline

9. Gebelikte spontan pnomotoraks ve pnomomediastinum: Bir olgu sunumuSpontaneous pneumothorax and pneumomediastinum in pregnancy: A case report

Author(s): Karadas S.; Okyay A.G.; Selvi F.; Odabasi D.

Source: Turk Jinekoloji ve Obstetrik Dernegi Dergisi; 2014; vol. 11 (no. 2); p. 131-133

Publication Date: 2014

Publication Type(s): Journal: Article

Abstract:Spontaneous acute pneumothorax may occur as a result of spontaneous rupture of subpleural blebs or bullae and it is extremely rare during pregnancy. Bilateral pneumothorax and pneumomediastinum were detected in a young pregnant woman admitted with the complaints of swelling and pain on her neck and upper thorax following 2 days of dyspnea. Nasal oxygen, analgesics and antiemetics were used as needed during ten days of hospitalization. Physical findings, chest x-ray and oxygen saturation improved at the end of this period. Since supportive treatment was sufficient, invasive treatments such as surgery or thorax tube were not required. Although rare, pneumothorax should be remembered in any pregnant woman with dyspnea and chest-pain and must be confirmed radiographically to distinguish it from other diseases and conditions. In this

report, a case of spontaneous acute pneumothorax and pneumomediastinum in a 10 week primigravida is presented.

Database: EMBASE

10. Spontaneous Pneumothorax due to Ectopic Deciduosis: A Case Report.

Author(s): Dudek, Wojciech; Schreiner, Waldemar; Strehl, Johanna; Sirbu, Horia

Source: The Thoracic and cardiovascular surgeon reports; Dec 2014; vol. 3 (no. 1); p. 58-60

Publication Date: Dec 2014

Publication Type(s): Journal Article

Available in full text at [Thoracic and Cardiovascular Surgeon Reports, The](#) - from National Library of Medicine

Abstract: This report presents a 20-week pregnant 38-year-old woman with right-sided pneumothorax due to pulmonary deciduosis. Initial pleural drainage was ineffective. Video-assisted thoracoscopy revealed areas of consolidation within the lung parenchyma. A wedge resection with partial pleurectomy was performed. Histopathological examination showed subpleural decidual implants. The patient made a full recovery and was discharged on day 5. Videoscopic inspection of the lung parenchyma and pleura with resection of decidual foci is the recommended treatment for pneumothorax in pregnant women with pleuropulmonary deciduosis in whom classical pleural drainage is ineffective.

Database: Medline

11. Pneumothorax in women of child-bearing age : An update classification based on clinical and pathologic findings

Author(s): Legras A.; Bobbio A.; Magdeleinat P.; Regnard J.-F.; Alifano M.; Mansuet-Lupo A.; Damotte D.; Rousset-Jablonski C.; Roche N.; Gompel A.

Source: Chest; Feb 2014; vol. 145 (no. 2); p. 354-360

Publication Date: Feb 2014

Publication Type(s): Journal: Article

Available in full text at [Chest](#) - from Free Access Content

Abstract: Background: A significant percentage of pneumothorax in women is due to thoracic endometriosis. Pathophysiologic mechanisms continue to be debated, and pathologic aspects are poorly known. Methods: Clinical and pathologic records of all consecutive women of reproductive age operated on for pneumothorax between 2000 and 2011 were retrospectively reviewed. Results: Two hundred twenty-nine women (mean age, 33 years) underwent surgery. One hundred forty-four cases (63%) were right-sided, and pneumothoraces were catamenial for 80 women (35%). Diagnosed pelvic endometriosis was associated in 29 cases. At pathology, thoracic endometriosis was diagnosed in 54 cases (24%). Endometrial glands were observed in 33 of 54 cases and were often cystic (16 of 33). Stroma was observed in 51 of 54 cases and endometrial stroma without glands in 21 cases. Hemosiderin-laden macrophages were observed in 27 of 54 cases. All cases of thoracic endometriosis were positive for progesterone and/or estrogen receptors (intense and nuclear). Catamenial pneumothoraces (n = 80, 34.9%) were endometriosis related in 50% of cases (n = 40, 17% of the whole population). Pneumothoraces were noncatamenial but endometriosis related in 6% of cases (n = 14) and merely idiopathic in 60% of patients (n = 135). Multivariate analysis showed that right side, presence of diaphragmatic abnormalities, relapse after unilateral surgery, and presence of hemosiderin-laden macrophages were independent variables associated with thoracic

endometriosis (all, P , .02). Apical emphysema-like changes were found in 184 of the 213 patients (86%) with apical resection and were significantly associated with the absence of thoracic endometriosis (P , .001). Conclusions: In women with surgically treated pneumothorax, prevalence of catamenial/ endometriosis-related pneumothorax is high. Clinicians and pathologists must be aware to recognize such a difficult diagnosis. © 2014 American College of Chest Physicians.

Database: EMBASE

12. Should pregnant patients with a recurrent or persistent pneumothorax undergo surgery?

Author(s): Nwaejike, Nnamdi; Elbur, Ehab; Rammohan, Kandadai S; Shah, Rajesh

Source: Interactive cardiovascular and thoracic surgery; Dec 2013; vol. 17 (no. 6); p. 988-990

Publication Date: Dec 2013

Publication Type(s): Journal Article Review

Available in full text at [Interactive CardioVascular and Thoracic Surgery](#) - from Highwire Press

Abstract: A 29-year old woman at 26 weeks gestation (gravida 3 and para 0) presented with an acute left-sided pneumothorax. She had a 10 pack-year smoking history and no other relevant medical history. Over the next 3 weeks, she had three recurrences of her left-sided pneumothorax, each of which was managed by intercostal drain insertion. During the fourth episode of pneumothorax, after chest drain insertion there was a continued air-leak for 4 days. She was referred to the cardiothoracic service for further management of this problem. A best evidence topic was constructed according to a structured protocol to answer the question: in pregnant patients with a recurrent or persistent pneumothorax, is surgery safer compared with conservative treatment for the wellbeing of the patient and the foetus? The 2010 guidelines for the management of pneumothorax state that there is Level C evidence that simple observation and aspiration are usually effective during pregnancy, with elective assisted delivery and regional anaesthesia at or near term. The guidelines also state Level D evidence that a video-assisted thoracoscopic surgery (VATS) procedure should be considered after birth. Three hundred and eighty-four papers were found, and from these, four papers were identified describing 79 cases of pneumothorax in pregnancy to provide the best evidence to answer the question. Conservative treatment by observation alone with or without tube thoracostomy compared with surgical treatment by VATS or thoracotomy are the options used in the observed literature reviews. All reports observe no difference in outcome to the mother or foetus if a conservative approach (observation or tube thoracostomy) is used compared with surgery prior to the delivery of the baby. However, an initial conservative approach could lead to surgery after delivery for a persistent pneumothorax in as much as 40% of patients. A persistent pneumothorax after delivery that might require surgery delays discharge home and compromises the normal interaction between the mother and new-born child, which might be distressing. For informed consent, the implications of the risk of persistent pneumothorax requiring surgery after delivery where a conservative approach is used initially should be discussed with the patient and family to aid decision making.

Database: Medline

13. Awake video-thoroscopic surgery for intractable pneumothorax in pregnancy by using a single portal plus puncture.

Author(s): Onodera, Ken; Noda, Masafumi; Okada, Yoshinori; Kondo, Takashi

Source: Interactive cardiovascular and thoracic surgery; Aug 2013; vol. 17 (no. 2); p. 438-440

Publication Date: Aug 2013

Publication Type(s): Case Reports Journal Article

Available in full text at [Interactive CardioVascular and Thoracic Surgery](#) - from Highwire Press

Abstract:A 31-year old female patient in the ninth week of pregnancy complained of chest pain and dyspnoea. The patient had experienced an episode of spontaneous pneumothorax on the left side at the age of 20 and had undergone chest tube drainage. Her medical history was unremarkable and she had no history of smoking. She had no family history of pulmonary disease. Thoracic radiography showed a pneumothorax on the right side. The patient underwent chest tube drainage in the thoracic space. When surgical intervention for continuous air leakage was unavoidable, we selected video-assisted thoracic surgery under local and epidural anaesthesia in consideration of her general condition. We conclude that awake surgical intervention is applicable in selected patients with pneumothorax in pregnancy and is particularly useful in those in whom general anaesthesia is best avoided.

Database: Medline

14. Spontaneous pneumothorax following caesarean section under spinal anaesthesia.

Author(s): Madan, Karan; Singh, Navneet; Jain, Vanita; Aggarwal, Ashutosh Nath

Source: BMJ case reports; Jun 2013; vol. 2013

Publication Date: Jun 2013

Publication Type(s): Case Reports Journal Article

Available in full text at [BMJ Case Reports](#) - from Highwire Press

Abstract:It is unusual for pneumothorax to occur spontaneously during pregnancy. Its occurrence during or following caesarean section is extremely uncommon with only three other cases reported previously. In none of the reported cases, was the caesarean section performed under spinal anaesthesia. We report the successful management of a multigravida female patient, who developed spontaneous pneumothorax following caesarean section, performed under spinal anaesthesia. Tube thoracostomy was required for management and the patient had an uneventful recovery.

Database: Medline

15. Nonintubated video-assisted thoracoscopic surgery (VATS) for recurrent spontaneous pneumothorax in a pregnant woman

Author(s): Chen Y.-H.; Hung M.-H.; Chen J.-S.; Cheng Y.-J.

Source: European Journal of Anaesthesiology; Jun 2013; vol. 30 ; p. 180

Publication Date: Jun 2013

Publication Type(s): Journal: Conference Abstract

Available in full text at [European Journal of Anaesthesiology](#) - from Ovid

Abstract:Background: Spontaneous pneumothorax in pregnancy is a rare condition, and surgical treatment may be needed.¹ We reported our anesthetic experience in a pregnant woman

undergoing VATS for pneumothorax, using thoracic epidural anesthesia without tracheal intubation, which has not been reported previously. Case report: A 34-year-old woman presented with right-sided pneumothorax at the 22 weeks of her first pregnancy. She had medical history of recurrent spontaneous pneumothorax of her right lung and underwent VATS pleurodesis before. A pigtail was first placed for drainage. Because of persistent air leak for 2 weeks, she gave consent to perform a nonintubated VATS. Thoracic epidural anesthesia was titrated to achieve a sensory block (T2-T9) by infusion of 2% lidocaine. She was then moderately sedated with target controlled infusion of propofol, while spontaneous breathing was maintained with oxygen supplement via a facemask. Intrathoracic vagal blockade was produced by infiltration of 0.25% bupivacaine thoroscopically to inhibit coughing. VATS bullectomy and pleural abrasion was performed within 60 minutes. There were no episodes of hypotension or hypoxemia during the operation. She was discharged on the fourth postoperative day. She gave a vaginal birth to a healthy boy at full term. There was no sign of recurrence of pneumothorax during next six-month follow-up. Discussion: There are some special considerations for nonintubated VATS in pregnant patients. First, a thoroughly prepared plan of conversion to intubation should be executed when it is necessary. Second, risks of persistent hypoxemia and hypercapnia during one-lung ventilation are increased, especially when oxygen consumption increases and functional residual capacity decreases as pregnancy advances. Third, the risk of aspiration may be increased because of sedation, reduced lower esophageal tone, and an increase of abdominal pressure from a gravid uterus. Eligibility for pregnant women undergoing nonintubated VATS should be carefully evaluated, including airway, cardiopulmonary reserve, gestational age, fetal condition, and surgical complexity.

Database: EMBASE

16. An unusual emergency condition in pregnancy: pneumothorax. Case series and review of the literature.

Author(s): Akçay, Onur; Uysal, Ahmet; Samancılar, Ozgur; Ceylan, Kenan C; Sevinc, Serpil; Kaya, Seyda Ors

Source: Archives of gynecology and obstetrics; Feb 2013; vol. 287 (no. 2); p. 391-394

Publication Date: Feb 2013

Publication Type(s): Letter Case Reports Review

Available in full text at [Archives of Gynecology and Obstetrics](#) - from Springer Link Journals

Database: Medline

17. Recurrent spontaneous pneumothorax in a pregnant woman with a family history of pneumothorax

Author(s): Ohno Z.; Tamaki H.; Ohsuga T.; Iwata H.; Yasuda N.; Matsumoto S.

Source: American Journal of Respiratory and Critical Care Medicine; 2012; vol. 185

Publication Date: 2012

Publication Type(s): Journal: Conference Abstract

Available in full text at [American Journal of Respiratory and Critical Care Medicine](#) - from ProQuest

Abstract: Introduction Spontaneous pneumothorax that occurs during pregnancy is often difficult to treat. Reliable clinical guidelines are not available for such cases; nevertheless, it is essential to avoid excessive radiation exposure to the fetus during tube drainage. Previous reports have stated that radiation exposure under 0.01 mGy occurs even if the mother's abdomen is protected; exposure lower than 0.06 mGy also occurs during chest computed tomography (CT) in

such cases. Radiation exposure over 100 mGy leads to the deformation and death of fetuses, and mental retardation in children. Previous reports have indicated that pneumothorax very frequently occurs in patients with a family history of pneumothorax. This indicates that some genes are related with pneumothorax. However the causative genes have not yet been identified. Case Report A 27-year-old woman was referred for sudden chest pain at 7 weeks of pregnancy. Her left lung collapsed at the apex (Figure 1). Her younger brother had previously undergone surgery for spontaneous pneumothorax. During the first pneumothorax episode, pneumothorax improved on performing tube drainage; however, it recurred 18 days later. Because the patient had a family history of pneumothorax and refractory pneumothorax was anticipated, we referred her to a hospital with thoracic surgery department. During the second and third episodes, pneumothorax improved on performing repeated tube drainage. However spontaneous pneumothorax occurred 1 more time. Tube drainage did not improve her condition, and the air leak was persisted. Thoracoscopic surgery was performed under general anesthesia at 15 weeks and 6 days of pregnancy. The culprit bulla at the left apex was resected using an automatic anastomotic device (Figure 2). Polyglycolic acid sheets were used to cover the apex and the fibrin that had been sprayed over it. The patient gave a birth to a healthy child at 41 weeks, without complications. Pneumothorax recurrence has not been observed. Discussion Performing surgery during pregnancy is controversial because it is necessary to reduce risks to protect the child and mother. However delayed medical decisions harm the fetus because of encephalopathy due to low oxygen levels, and recurrent pneumothorax can cause straining during delivery. Furthermore, anesthesia may adversely affect the fetus. Tube drainage was performed during the first 3 episodes; however, we finally performed surgery, which provided good results. Because the patient had a family history of pneumothorax, earlier surgery was a possible option. Nevertheless, flexible treatment plans are required for risk reduction. (Figure presented) .

Database: EMBASE

18. A case of recurrent spontaneous pneumothorax during pregnancy treated with video assisted thoracoscopic surgery.

Author(s): Nwaejike, Nnamdi; Aldam, Poppy; Pulimood, Thomas; Giles, Roger; Brockelsby, Jeremy; Fuld, Jonathan; Hughes, Jacqueline; Coonar, Aman

Source: BMJ case reports; Aug 2012; vol. 2012

Publication Date: Aug 2012

Publication Type(s): Case Reports Journal Article Review

Available in full text at [BMJ Case Reports](#) - from Highwire Press

Abstract: Pneumothorax during pregnancy is uncommon. Recently ambulatory chest drainage has been advised to treat the pneumothorax and to cover the delivery period. This imposes restrictions on the mother with associated co-morbidity. The authors present a case of recurrent chest-tube resistant pneumothorax during pregnancy which had persisted for 4-weeks. To guide management of a patient referred in the third trimester of pregnancy the authors undertook a systematic review. This led to definitive video assisted thoracoscopic surgery (VATS) for bullectomy and pleurodesis which was successful without either peri-operative or peri-partum complications or recurrence of pneumothorax. Our review suggests that a VATS approach during pregnancy is both safe and effective.

Database: Medline

19. Bilateral primary spontaneous pneumothoraces postcaesarean section--another reason to avoid general anaesthesia in pregnancy.

Author(s): Aye, Christina Yi Ling; McKean, David; Dark, Allan; Akinsola, S Adeyemi

Source: BMJ case reports; Aug 2012; vol. 2012

Publication Date: Aug 2012

Publication Type(s): Case Reports Journal Article

Available in full text at [BMJ Case Reports](#) - from Highwire Press

Abstract:A 36-year-old, healthy, primiparous female underwent a caesarean section under general anaesthetic. She had previously had a severe reaction to dye during a myelogram and therefore, had declined epidural analgesia or regional anaesthesia. Induction and maintenance of anaesthesia was uneventful, but on emergence, and before tracheal extubation, the patient coughed on the endotracheal tube and almost immediately developed right-sided subcutaneous emphysema of the face and neck. At this point her oxygen saturation began to fall and she was noted to be difficult to ventilate. Clinically and radiologically, she had a right-sided pneumothorax which was treated immediately with intercostal drain insertion. She went on to develop a left pneumothorax which also required intercostal drain insertion. She made an uneventful recovery and was discharged 8 days later. A subsequent CT scan of her chest revealed no pre-existing primary pulmonary pathology that would have accounted for the pneumothoraces.

Database: Medline

20. Pneumothorax in pregnancy secondary to ruptured pulmonary hydatid cyst.

Author(s): Ahmed, Iftikhar; Hajjar, Waseem; Alakeed, Ahmed Nageeb; Rahal, Salah; Alhariri, Zohair; Alnassar, Sami

Source: Journal of the College of Physicians and Surgeons--Pakistan : JCPSP; Mar 2012; vol. 22 (no. 3); p. 189-191

Publication Date: Mar 2012

Publication Type(s): Case Reports Journal Article

Abstract:Hydatid disease in pregnancy is a rare condition. Ruptured pulmonary hydatid cyst with pneumothorax during pregnancy is potentially serious for both the patient and the fetus. Diagnosis, treatment, and the mode of delivery of the infant all present complex problems related to this event. We describe here a case of pneumothorax occurring during pregnancy secondary to ruptured pulmonary hydatid cyst with a good outcome for both the mother and the fetus.

Database: Medline

21. Bilateral diffuse mucinous cystic adenocarcinoma of the lungs complicated by recurrent pneumothorax in a pregnant woman

Author(s): Al Rashidi F.M.; Muqim A.T.; Mothafar F.J.

Source: Kuwait Medical Journal; Mar 2012; vol. 44 (no. 1); p. 56-59

Publication Date: Mar 2012

Publication Type(s): Journal: Article

Abstract:The incidence of lung cancer continues to rise among young females. The pulmonary mucinous cystic tumor is very rare with few reported cases and it is an uncommon histological type of primary lung adenocarcinoma. The cystic nature of this type of carcinoma makes it unique radiologically. We report a very rare case of bilateral diffuse mucinous cystic adenocarcinoma of the lungs in a young pregnant woman.

Database: EMBASE

22. Spontaneous pneumothorax in pregnancy: a case report.

Author(s): Mohammadi, Afshin; Ghasemi Rad, Mohammad; Afrasiabi, Kolsoom

Source: Tuberkuloz ve toraks; 2011; vol. 59 (no. 4); p. 396-398

Publication Date: 2011

Publication Type(s): Case Reports Journal Article

Abstract:Spontaneous pneumothorax is an extremely rare condition during pregnancy. Rupture of a subpleural apical bulla or blebs are the most common cause of spontaneous pneumothorax in young pregnant women. It is believed to be due to increase respiratory activity associated peripartum period. We present 27-year-old primigravid female with spontaneous pneumothorax. She was treated successfully with chest tube placement.

Database: Medline

23. Spontaneous pneumothorax-a rare complication of pregnancy.

Author(s): Annaiah, T K; Reynolds, S F

Source: Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; 2011; vol. 31 (no. 1); p. 80-82

Publication Date: 2011

Publication Type(s): Case Reports Journal Article

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Database: Medline

24. Gebelikte spontan pnomotoraks: Olgu sunumu Spontaneous pneumothorax in pregnancy: A case report

Author(s): Mohammadi A.; Ghasemi Rad M.; Afrasiabi K.

Source: Tuberkuloz ve Toraks; 2011; vol. 59 (no. 4); p. 396-398

Publication Date: 2011

Publication Type(s): Journal: Article

Abstract: Spontaneous pneumothorax is an extremely rare condition during pregnancy. Rupture of a subpleural apical bulla or blebs are the most common cause of spontaneous pneumothorax in young pregnant women. It is believed to be due to increase respiratory activity associated peripartum period. We present 27-year-old primigravid female with spontaneous pneumothorax. She was treated successfully with chest tube placement.

Database: EMBASE

25. Bilateral pneumothorax in pregnancy unmasking lymphangiomyomatosis.

Author(s): Johnston, C R; O'Donnell, M E; Sayed Ahmed, W A; Ahmed, W A; Hunter, A; Graham, A N

Source: Irish journal of medical science; Dec 2011; vol. 180 (no. 4); p. 933-934

Publication Date: Dec 2011

Publication Type(s): Letter Case Reports

Available in full text at [Irish Journal of Medical Science](#) - from Springer Link Journals

Database: Medline

26. Successful pregnancy complicated by persistent pneumothorax in a patient with lymphangiomyomatosis (LAM) on sirolimus.

Author(s): Faehling, M; Frohnmayer, S; Leschke, M; Trinajstic-Schulz, B; Weber, J; Liewald, F

Source: Sarcoidosis, vasculitis, and diffuse lung diseases : official journal of WASOG; Oct 2011; vol. 28 (no. 2); p. 153-155

Publication Date: Oct 2011

Publication Type(s): Case Reports Journal Article

Abstract: We report a successful pregnancy in a patient with longstanding LAM on treatment with sirolimus. During temporary discontinuation fo sirolimus in early pregnancy, lung function declined but recovered after resumption of sirolimus. Pregnancy was complicated by a persistent pneumothorax which was treated surgically postnatally. The child has had a normal development despite exposure to low dose sirolimus intermittently during early embryonal and mid-fetal life.

Database: Medline

27. Thoracoscopic treatment of recurrent pneumothorax in a pregnant woman: a case of ectopic deciduosis.

Author(s): Kim, Y-D; Min, K-O; Moon, S-W

Source: The Thoracic and cardiovascular surgeon; Oct 2010; vol. 58 (no. 7); p. 429-430

Publication Date: Oct 2010

Publication Type(s): Case Reports Journal Article

Abstract:We report here on a case of recurrent pneumothorax during pregnancy, which was successfully treated with thoracoscopic surgery. This report describes the intraoperative and histopathological findings of diaphragmatic and pulmonary ectopic deciduosis. Our case highlights the need for all surgeons to explore the diaphragm when performing surgery to treat pneumothorax in a woman, even if she is pregnant. © Georg Thieme Verlag KG Stuttgart · New York.

Database: Medline

28. Surgical treatment for recurrent spontaneous pneumothorax during twin pregnancy under video-assisted thoracoscopic surgery (VATS).

Author(s): Hu, Runlei; Li, Hu; Wang, Guoqing

Source: Journal of thoracic disease; Sep 2010; vol. 2 (no. 3); p. 178-179

Publication Date: Sep 2010

Publication Type(s): Journal Article

Available in full text at [Journal of Thoracic Disease](#) - from National Library of Medicine

Abstract:Spontaneous pneumothorax during pregnancy is a rare pathological condition. Few cases have been reported previously in the literature. There is no universal guideline for the management of this condition yet. We report a case of recurrent spontaneous pneumothorax during twin pregnancy in a 30-year-old woman. Surgical treatment under video-assisted thoracoscopic surgery (VATS) was successfully performed, without subsequent pneumothorax recurrence.

Database: Medline

29. Spontaneous pneumothorax in the third trimester of pregnancy.

Author(s): Avital, Abriel; Galante, Ori; Baron, Joel; Smoliakov, Alexander; Heimer, Dov; Avnun, Lone S

Source: BMJ case reports; 2009; vol. 2009

Publication Date: 2009

Publication Type(s): Journal Article

Available in full text at [BMJ Case Reports](#) - from Highwire Press

Abstract:The present report concerns a young woman previously diagnosed as having childhood asthma who presented with a secondary spontaneous pneumothorax during the third trimester of pregnancy; at term a caesarean section was recommended for safety reasons. Post partum a severe fixed ventilatory defect unresponsive to inhaled bronchodilator and a short oral course of steroids ruled out asthma. Diffuse bronchiectasis was found on her chest CT scan, although this was not evident clinically. Known aetiologies for diffuse bronchiectasis (cystic fibrosis, anti- α 1 antitrypsin deficiency, rheumatic diseases, mycobacterial infections, childhood infections and immune deficiencies) were ruled out. Therefore it is believed her bronchiectasis was idiopathic or congenital. No recommendations from recent guidelines on how to manage labour in a woman after a spontaneous pneumothorax could be found. However, a literature search revealed that pregnant

women usually experience primary pneumothorax and may continue in natural labour; however, it is unknown how best to manage a woman with secondary spontaneous pneumothorax.

Database: Medline

30. Pneumothorax and pneumomediastinum in pregnancy: a case report.

Author(s): Sathiyathan, S; Jeyanthan, K; Furtado, G; Hamid, R

Source: Obstetrics and gynecology international; 2009; vol. 2009 ; p. 465180

Publication Date: 2009

Publication Type(s): Journal Article

Available in full text at [Obstetrics and Gynecology International](#) - from National Library of Medicine

Abstract:Case Report. A 37 years old patient at 40 weeks gestation presented with acute severe hypoxia with a seizure followed by fetal bradycardia. Caesarean section was performed under GA and she was intubated and ventilated. History revealed longstanding right pleural endometriosis with multiple pneumothoraces and hydrothoraces. A CT chest showed extensive bilateral pneumothoraces. Her clinical condition improved with a left-sided chest drain. Discussion. Severe hypoxia and seizures in a patient with previous history of pneumothorax are highly suggestive of tension pneumothorax. Radiological investigations are vital for diagnosis. The traditional treatment approach to recurrent pneumothorax has been thoracotomy with bleb or bulla resection and pleurodesis. The advantages of thoroscopic surgical treatment over thoracotomy are decreased time of exposure to anaesthetic drugs, rapid lung expansion, decreased post operative pain, and a potentially shorter post operative recovery. In any future pregnancy due to the high risk of recurrence of pneumothorax Contemporary obstetric management should determine the method of delivery and continuous lumbar/epidural anesthesia should be used if at all feasible. Preconceptual counseling about this risk is vital, and women must be advised about potential serious adverse outcomes.

Database: Medline

31. Echinococcal tension pneumothorax in A pregnant woman

Author(s): Ekim H.; Ekim M.

Source: Pakistan Journal of Medical Sciences; 2009; vol. 25 (no. 1); p. 159-161

Publication Date: 2009

Publication Type(s): Journal: Article

Available in full text at [Pakistan Journal of Medical Sciences](#) - from Free Access Content

Abstract:Pulmonary hydatid cyst in pregnancy is a very rare pathology and its diagnosis and treatment is still a complex of problem. We report a rare case of ruptured giant pulmonary hydatid cyst presenting with tension pneumothorax during pregnancy. According to our knowledge this is the first report of such a case. A 21-year old pregnant woman was admitted to our hospital with complaints of left-sided chest pain, cyanosis and dyspnea. Chest radiograph showed tension pneumothorax, mediastinal shift, and tracheal displacement. Echocardiography revealed perforated hydatid cyst adjacent to pericardium. She was taken to the operating room immediately. During operation, a giant perforated hydatid cyst (12x10cm) was found, outside the pericardium displacing and compressing the left lower lobe. Histopathological examination confirmed the diagnosis. Approximately 5 months later she had a spontaneous vaginal delivery. Both the patient and her baby were healthy. Perforated pulmonary hydatid cyst should be kept in mind in the differential diagnosis

of tension pneumothorax in a pregnant woman and surgical intervention should be performed promptly.

Database: EMBASE

32. Clomiphene induced catamenial pneumothorax; successful pregnancy following combined thoracoscopic and laparoscopic one stage radical surgical treatment of endometriosis

Author(s): Erian J.; Pachydakis A.; Gundevia Z.; Lang-Lazdunski L.; Hill N.

Source: Gynecological Surgery; 2009; vol. 6

Publication Date: 2009

Publication Type(s): Journal: Conference Abstract

Available in full text at [Gynecological Surgery](#) - from ProQuest

Available in full text at [Gynecological Surgery](#) - from Springer Link Journals

Abstract:We present the first reported case of a 33 year old nulliparous woman who presented with primary infertility, and had four episodes of catamenial pneumothorax while treated with Clomiphene. Visual material from the combined procedure and a review of the current literature regarding diagnosis and optimal treatment strategy is presented. A joint gynaecological laparoscopy and thoracoscopic procedure was performed. During Video Assisted Thoracic Surgery (VATS) five endometriotic implants were identified on the central diaphragmatic tendon. Diaphragmatic defects were covered with Bioglue and pleurodesis was performed. Gynaecological laparoscopy revealed evidence of endometriosis on the posterior aspect of the right ovary, left pelvic side wall and uterovesical peritoneum which were excised and/or ablated. Following an uneventful recovery from the procedure, the patient had one cycle of IVF and two grade one embryos were transferred. No further episodes of pneumothorax were encountered during the ovarian stimulation or during the pregnancy. Subsequent ultrasonography showed a singleton pregnancy. No antenatal problems were identified encountered and fetal growth was normal. The patient had a ventouse delivery of a live male infant at term. There were no recurrences of pneumothorax during pregnancy or the postpartum period. Despite the fact that Clomiphene is an estrogen antagonist, in responsive patients it may induce a flare-up through follicular estrogen production. Postoperative treatment with combined estrogen/progesterone is associated with 50-100% recurrence rate while treatment with GnRH analogues is associated with significantly less recurrence episodes.

Database: EMBASE

33. Recurrent spontaneous pneumothorax during pregnancy: a case report.

Author(s): Jain, Preeti; Goswami, Kavita

Source: Journal of medical case reports; Oct 2009; vol. 3 ; p. 81

Publication Date: Oct 2009

Publication Type(s): Journal Article

Available in full text at [Journal of Medical Case Reports](#) - from BioMed Central

Abstract:Spontaneous recurrent pneumothorax during pregnancy is a rare condition. Few cases have been reported previously in the literature. There is no universal guideline for the management of this condition. Treatment options include conservative management with intercostal drain and surgical management in the form of thoracotomy or video-assisted thoracoscopy. We report a case of recurrent spontaneous pneumothorax in a 38-year-old Afro-Caribbean woman on her third trimester of pregnancy. The disease was managed with the insertion of an intercostal drain on three occasions, which was then followed by surgical intervention immediately after pregnancy. The

diagnosis of pneumothorax should be considered in the differential diagnosis of pregnant women experiencing chest pain and dyspnoea. No adverse maternal or foetal outcome has been reported in well-managed cases. Management involves good coordination between the obstetric and surgical teams.

Database: Medline

34. Management of two pregnancies in a woman with mixed connective tissue disease, pulmonary fibrosis, frequent pneumothorax and oxygen inhalation therapy along with a published work review.

Author(s): Hoshino, Tatsuji; Kita, Masato; Takahashi, Takayuki; Nishimura, Takashi; Yamakawa, Masaru

Source: The journal of obstetrics and gynaecology research; Aug 2008; vol. 34 (no. 4); p. 613-618

Publication Date: Aug 2008

Publication Type(s): Case Reports Journal Article Review

Available in full text at [Journal of Obstetrics and Gynaecology Research](#) - from John Wiley and Sons

Abstract:Two pregnancies in a woman on oxygen inhalation therapy before pregnancy, due to pulmonary fibrosis and frequent pneumothorax that are secondary to mixed connective tissue disease, were managed safely. As usual for this condition, the patient was rather older and her ordinary daily life was restricted. This is a truly very rare case of a successful pregnancy in these circumstances. In a published work review using key words such as "pregnancy", "mixed connective tissue disease" and "oxygen inhalation therapy", no similar case could be found. For the management of such high-risk patients, close cooperation of the obstetrician, clinical immunologist, clinical pneumologist and neonatologist in the same hospital is indispensable.

Database: Medline

35. Spontaneous intra-partum pneumothorax and subcutaneous emphysema.

Author(s): Fatima, S; Irvine, L M

Source: Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Aug 2008; vol. 28 (no. 6); p. 650-651

Publication Date: Aug 2008

Publication Type(s): Case Reports Journal Article

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Database: Medline

36. Spontaneous pneumothorax: an unusual complication of pregnancy--a case report and review of literature.

Author(s): Garg, Rajiv; Sanjay; Das, Vinita; Usman, Kauser; Rungta, Sumit; Prasad, R

Source: Annals of thoracic medicine; Jul 2008; vol. 3 (no. 3); p. 104-105

Publication Date: Jul 2008

Publication Type(s): Journal Article

Available in full text at [Annals of Thoracic Medicine](#) - from ProQuest

Available in full text at [Annals of Thoracic Medicine](#) - from National Library of Medicine

Abstract:Spontaneous pneumothorax complicating pregnancy is rare. Only 55 cases have been reported till now. We describe a case of a 30-year-old Indian woman with spontaneous pneumothorax during her 28(th) week of pregnancy.

Database: Medline

37. Pulmonary synovial sarcoma presenting as a pneumothorax during pregnancy

Author(s): Esaka E.J.; Celebrezze J.U.; Golde S.H.; Chioffi G.; Thomas R.L.

Source: Obstetrics and Gynecology; Feb 2008; vol. 111 (no. 2); p. 555-558

Publication Date: Feb 2008

Publication Type(s): Journal: Article

Available in full text at [Obstetrics and Gynecology](#) - from Ovid

Abstract:BACKGROUND: Synovial sarcoma is a clinically rare, but morphologically well-defined neoplasm, which accounts for approximately 10% of all malignant soft-tissue tumors. The diagnosis can be established with clinical and imaging evaluations together with immunohistochemical, electron microscopy, and molecular genetic studies. CASE: We describe a case of primary pulmonary synovial sarcoma presenting as a pneumothorax in a young woman at 34 weeks of gestation. Her persistent symptomatology ultimately led to a video-assisted thoracoscopy and thorascopic decortication. The diagnosis was established by pathology and immunohistochemistry of the cells, which were consistent with primary pulmonary synovial sarcoma. CONCLUSION: Malignancies, even those as uncommon as primary synovial sarcoma, should be considered in the differential diagnosis of pneumothorax during pregnancy. © 2008 The American College of Obstetricians and Gynecologists.

Database: EMBASE

38. Anesthetic management of thoracotomy for spontaneous pneumothorax in a pregnant woman.

Author(s): Mitsunari, Hiroaki; Yamagata, Katsuyuki; Sakuma, Shiori

Source: International journal of obstetric anesthesia; Jan 2008; vol. 17 (no. 1); p. 85-86

Publication Date: Jan 2008

Publication Type(s): Letter Case Reports

Database: Medline

39. A case of spontaneous pneumothorax during pregnancy and review of the literature.

Author(s): Tanase, Yasuhito; Yamada, Takashi; Kawaryu, Yoko; Yoshida, Masayo; Kawai, Seigo

Source: The Kobe journal of medical sciences; 2007; vol. 53 (no. 5); p. 251-255

Publication Date: 2007

Publication Type(s): Comparative Study Case Reports Journal Article Review

Available in full text at [Kobe Journal of Medical Sciences](#) - from Free Access Content

Abstract:Spontaneous pneumothorax is rare during pregnancy. A case of spontaneous pneumothorax occurring at 34 weeks' gestation in a healthy 25-year-old primigravida is described. Its occurrence was accompanied by sudden onset of dyspnea and pleuritic chest pain while the patient was walking. Diagnosis was made by chest radiograph and treatment was by tube thoracostomy. At 41 weeks' gestation, after normal labor progression, she successfully gave birth to a male infant with a birth weight of 2,744 g. We discuss spontaneous pneumothorax during pregnancy and review the literature.

Database: Medline

40. Pneumothorax and pregnancy.

Author(s): Lal, Abhi; Anderson, Gavin; Cowen, Michael; Lindow, Stephen; Arnold, Anthony G

Source: Chest; Sep 2007; vol. 132 (no. 3); p. 1044-1048

Publication Date: Sep 2007

Publication Type(s): Case Reports Journal Article Review

Available in full text at [Chest](#) - from Free Access Content

Abstract:Though more common in male patients, primary spontaneous pneumothorax might be expected to occur reasonably often in female patients of child-bearing age. However, < 50 cases of pneumothorax in pregnancy have been previously reported. Special risks are posed for both the mother and the fetus in this situation. Previous management strategies have varied widely, without describing the more modern and less invasive techniques, and existing pneumothorax guidelines do not incorporate this difficult scenario. A retrospective search of our database of 250 spontaneous pneumothorax patients over a 10-year period, in a stable local population of 500,000 patients, identified five cases of pneumothorax occurring in pregnancy. We report our experience, the largest series yet described, review the medical literature, and make management recommendations. We found favorable outcomes for both mothers and infants in our series, with modern techniques such as simple aspiration, elective assisted delivery at or near term with regional anesthesia, and video-assisted thoracoscopic surgery. Future guidelines on the management of pneumothorax should consider the inclusion of advice on the problems of pregnancy, based on previous published experience, and utilizing the modern and less invasive techniques. Such advice would inform and support those specialists involved in managing a potentially hazardous situation to the benefit of both mother and child.

Database: Medline

41. A pregnant woman with complications of lymphangioleiomyomatosis and idiopathic thrombocytopenic purpura.

Author(s): Toyoda, Kazuhiro; Matsumoto, Koichiro; Inoue, Hiromasa; Komori, Masashi; Fujita, Masaki; Hashimoto, Shuichi; Kuwano, Kazuyoshi; Nakanishi, Yoichi

Source: Internal medicine (Tokyo, Japan); 2006; vol. 45 (no. 19); p. 1097-1100

Publication Date: 2006

Publication Type(s): Case Reports Journal Article

Abstract: A pregnant 26-year-old woman developed hemoptysis, dyspnea and pneumothorax. Lymphangioleiomyomatosis was suspected based on multiple cystic lesions on chest computed tomography. Additionally, moderate thrombocytopenia occurred during the last trimester. Hyperplasia of megakaryocytes in a bone marrow specimen and a high serum titer of platelet-associated IgG led to a diagnosis of idiopathic thrombocytopenic purpura. High-dose intravenous gammaglobulin promptly restored her platelet count, and the patient successfully gave birth to a healthy baby by cesarean section. After delivery, lymphangioleiomyomatosis was diagnosed by lung biopsy that was obtained during a video-assisted thoracoscopic abscission for recurrent pneumothorax. Underlying lymphangioleiomyomatosis and idiopathic thrombocytopenic purpura may be obviated by pregnancy.

Database: Medline

42. Recurrent pneumothorax in pregnancy: what should we do after placing an intercostal drain.

Author(s): Wong, M K; Leung, W C; Wang, J K; Lao, T T; Ip, M S; Lam, W K; Ho, J C

Source: Hong Kong medical journal = Xianggang yi xue za zhi; Oct 2006; vol. 12 (no. 5); p. 375-380

Publication Date: Oct 2006

Publication Type(s): Case Reports Journal Article Review

Available in full text at [Hong Kong Medical Journal](#) - from Free Access Content

Abstract: Recurrent pneumothorax is rare during pregnancy. We describe a Chinese woman, with a history of spontaneous pneumothorax managed with an intercostal drain, who developed a recurrent pneumothorax during her 32nd week of pregnancy. There is no consensus on management in this situation. We review the literature and discuss different management approaches. Thirty-six cases of antepartum pneumothorax have been reported in 31 case reports. An intercostal drain only (n=11) or surgeries (thoracotomy, n=9; or video-assisted thoracoscopy, n=2) were common treatment options with no surgical complications reported. Twenty-two (61%) patients progressed to a normal vaginal delivery, while the rest required forceps delivery (22%) or Caesarean section (14%). No single treatment option outweighed the others. There were no maternal or foetal complications reported in those who underwent antepartum surgical intervention. Surgical management of recurrent pneumothorax during pregnancy is well tolerated.

Database: Medline

43. Management approach for recurrent spontaneous pneumothorax in consecutive pregnancies based on clinical and radiographic findings.

Author(s): Sills, Eric Scott; Meinecke, Henry M; Dixson, George R; Johnson, Alan M

Source: Journal of cardiothoracic surgery; Oct 2006; vol. 1 ; p. 35

Publication Date: Oct 2006

Publication Type(s): Case Reports Journal Article

Available in full text at [Journal of Cardiothoracic Surgery](#) - from BioMed Central

Available in full text at [Journal of Cardiothoracic Surgery](#) - from Free Access Content

Abstract:To describe management and clinical features observed in a patient's seven spontaneous pneumothoraces that developed during two consecutive pregnancies involving both hemithoraces. A 21 year old former smoker developed three spontaneous left pneumothoraces in the index pregnancy, having already experienced four right pneumothorax events in a prior pregnancy at age 19. Chest tubes were required in several (but not all) hospitalizations during these two pregnancies. Following her fourth right pneumothorax, thoracoscopic excision of right apical lung blebs and mechanical pleurodesis was performed. The series of left pneumothoraces culminated in mini-thoracotomy and thoracoscopically directed mechanical pleurodesis. For both pregnancies unassisted vaginal delivery was performed with no adverse perinatal sequelae. With the exception of multiple pneumothoraces, there were no additional pregnancy complications. Spontaneous pneumothorax in pregnancy is believed to be a rare phenomenon, yet the exact incidence is unknown. Here we present the first known case of multiple spontaneous pneumothoraces in two consecutive pregnancies involving both hemithoraces. Clinical management coordinated with obstetrics and surgical teams facilitated a satisfactory outcome for both pregnancies. The diagnosis of pneumothorax should be contemplated in any pregnant patient with dyspnea and chest pain, followed by radiographic confirmation.

Database: Medline

44. A pregnant woman with shortness of breath.

Author(s): Hanekamp, L A; Toben, F M J

Source: The Netherlands journal of medicine; Mar 2006; vol. 64 (no. 3); p. 84-85

Publication Date: Mar 2006

Publication Type(s): Case Reports Journal Article

Available in full text at [Netherlands Journal of Medicine, The](#) - from Free Access Content

Database: Medline

45. Thoracoscopic management of spontaneous pneumothorax during pregnancy.

Author(s): Nishida, Y; Yamaguchi, M; Kaneko, S

Source: International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics; Nov 2005; vol. 91 (no. 2); p. 175-176

Publication Date: Nov 2005

Publication Type(s): Case Reports Journal Article

Available in full text at [Intl Jrnl Gynecology and Obstet](#) - from John Wiley and Sons

Database: Medline

46. A pregnant patient with dyspnea.

Author(s): Burg, Michael; Van der Heijden, Frank

Source: American family physician; Nov 2005; vol. 72 (no. 9); p. 1811-1812

Publication Date: Nov 2005

Publication Type(s): Case Reports Journal Article

Available in full text at [American Family Physician](#) - from Free Access Content

Database: Medline

47. Catamenial pneumothorax in a pregnant patient.

Author(s): Yoshioka, Hiromu; Fukui, Takayuki; Mori, Shouichi; Usami, Noriyasu; Nagasaka, Tetsuro; Yokoi, Kohei

Source: The Japanese journal of thoracic and cardiovascular surgery : official publication of the Japanese Association for Thoracic Surgery = Nihon Kyobu Geka Gakkai zasshi; May 2005; vol. 53 (no. 5); p. 280-282

Publication Date: May 2005

Publication Type(s): Journal Article

Abstract:We report the case of a 29-year-old woman who experienced recurrence of catamenial pneumothorax during pregnancy. Pneumothorax unrelated to the hormonal cycle occurred by pulmonary endometriosis. Thoracoscopic resection of cystic lesions and pleurodesis effectively controlled the pneumothorax.

Database: Medline

48. Spontaneous pneumothorax in pregnancy--case report.

Author(s): China, S; Roseblade, C K

Source: Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Feb 2005; vol. 25 (no. 2); p. 202-203

Publication Date: Feb 2005

Publication Type(s): Case Reports Journal Article

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Database: Medline

49. Pneumomediastinum and pneumothorax associated with labour.

Author(s): Miguil, M; Chekairi, A

Source: International journal of obstetric anesthesia; Apr 2004; vol. 13 (no. 2); p. 117-119

Publication Date: Apr 2004

Publication Type(s): Case Reports Journal Article

Abstract:A 19-year-old primiparous woman in labour presented with spontaneous pneumomediastinum, pneumothorax and surgical emphysema. The membranes were intact and the fetus had a breech presentation. There was little improvement in her symptoms and labour progressed slowly. A caesarean section was performed under intrathecal block resulting in the birth of a healthy infant. The patient's symptoms resolved with supportive management. This condition is very rare and is generally self-limiting. Management aims to avoid worsening of pneumothorax and pneumomediastinum. Recurrence is unlikely.

Database: Medline

50. Post partum pneumomediastinum

Author(s): Duffy B.L.

Source: Anaesthesia and Intensive Care; Feb 2004; vol. 32 (no. 1); p. 117-119

Publication Date: Feb 2004

Publication Type(s): Journal: Article

Available in full text at [Anaesthesia and Intensive Care](#) - from ProQuest

Abstract:A 19-year-old primigravida had a normal vaginal delivery after a 90-minute second stage of labour. Within two hours she complained of dyspnoea and was noticed to have unusual swelling of the face and neck. The diagnosis of subcutaneous emphysema was confirmed by chest X-ray and pneumomediastinum was also detected. Uneventful recovery over four days followed conservative management, administration of oxygen and use of simple analgesics.

Database: EMBASE

51. Spontaneous pneumothorax during pregnancy

Author(s): Gorospe L.; Puente S.; Madrid C.; Novo S.; Gil-Alonso J.L.; Guntinas A.

Source: Southern Medical Journal; 2002; vol. 95 (no. 5); p. 555-558

Publication Date: 2002

Publication Type(s): Journal: Article

Available in full text at [Southern Medical Journal](#) - from Ovid

Available in full text at [Southern Medical Journal](#) - from Ovid

Abstract:Spontaneous pneumothorax complicating pregnancy is rare. Only 41 cases have been previously published. We describe a case of spontaneous pneumothorax successfully treated with tube thoracostomy during the 38th week of pregnancy. Under epidural anesthesia, the patient had vaginal delivery of a healthy male infant 36 hours after tube thoracostomy.

Database: EMBASE

52. Bilateral pneumothorax: an unusual complication of normal delivery.

Author(s): Singh, Meera; Sangalli, Michel; Tuohy, Jeremy

Source: The New Zealand medical journal; Dec 2002; vol. 115 (no. 1167); p. U275

Publication Date: Dec 2002

Publication Type(s): Case Reports Journal Article

Available in full text at [New Zealand Medical Journal, The](#) - from ProQuest

Database: Medline

53. Placental site trophoblastic tumor presenting with a pneumothorax during pregnancy.

Author(s): Wright, Jason D; Powell, Matthew A; Horowitz, Neil S; Huettner, Phyllis C; White, Frances; Herzog, Thomas J

Source: Obstetrics and gynecology; Nov 2002; vol. 100 (no. 5); p. 1141-1144

Publication Date: Nov 2002

Publication Type(s): Case Reports Journal Article

Available in print at [Patricia Bowen Library and Knowledge Service West Middlesex university Hospital](#) - from Obstetrics and Gynecology

Available in full text at [Obstetrics and Gynecology](#) - from Ovid

Abstract: Placental site trophoblastic tumor is a rare form of gestational trophoblastic disease that commonly presents with vaginal bleeding and amenorrhea after pregnancy. A women with a normal gestation at 37 weeks presented with a pneumothorax. The patient underwent placement of a chest tube and a subsequent thoracoscopic pulmonary bullous resection for persistence of the pneumothorax. Histological examination of the specimen revealed a metastatic placental site trophoblastic tumor. Gestational trophoblastic disease must be considered in the differential diagnosis of pneumothorax during pregnancy.

Database: Medline

54. Spontaneous pneumothorax and febrile neutropenia in pregnancy.

Author(s): Cooley, Sharon; Geary, M; Keane, D P

Source: Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Jan 2002; vol. 22 (no. 1); p. 91-92

Publication Date: Jan 2002

Publication Type(s): Case Reports Journal Article

Available in full text at [Journal of Obstetrics and Gynaecology](#) - from Taylor & Francis

Database: Medline

55. Synchronous bilateral pneumothorax in pregnant mother and newborn baby-genetic component to etiology?

Author(s): Qureshi R.

Source: Journal of the College of Physicians and Surgeons Pakistan; 2000; vol. 10 (no. 11); p. 433-434

Publication Date: 2000

Publication Type(s): Journal: Article

Available in full text at [Journal of the College of Physicians and Surgeons Pakistan](#) - from Free Access Content

Abstract:An unusual case is reported here that presented severe respiratory failure due to pneumothorax, just after birth, in a healthy female baby whose mother was a known case of recurrent, bilateral, secondary spontaneous pneumothorax. It is postulated that a genetic etiology may be responsible for this rare coincidence. In this unusual scenario, each entity should be managed on its own merit.

Database: EMBASE

56. Post partum pneumothorax: two case reports and discussion.

Author(s): Harten, J M; Brown, A G; Davidson, I T

Source: International journal of obstetric anesthesia; Oct 2000; vol. 9 (no. 4); p. 286-289

Publication Date: Oct 2000

Publication Type(s): Journal Article

Abstract:Pneumothorax is a rare event during pregnancy. We present two cases of pneumothorax occurring after caesarean section under general anaesthesia, including one tension pneumothorax. We summarise risk factors for developing a pneumothorax during pregnancy and discuss differential diagnosis and the anaesthetic management in the labour ward.

Database: Medline

57. Spontaneous pneumothorax.

Author(s): Wallach, S L

Source: The New England journal of medicine; Jul 2000; vol. 343 (no. 4); p. 300

Publication Date: Jul 2000

Publication Type(s): Letter

Available in full text at [New England Journal of Medicine](#) - from Massachusetts Medical Society ;
Notes: Please select 'Login via Athens or your institution' and enter your OpenAthens username and password.

Available in full text at [New England Journal of Medicine, The](#) - from ProQuest

Database: Medline

58. Tension pneumothorax in a parturient undergoing cesarean delivery.

Author(s): Harris, E A

Source: Anesthesia and analgesia; May 2000; vol. 90 (no. 5); p. 1173-1174

Publication Date: May 2000

Publication Type(s): Case Reports Journal Article

Available in full text at [Anesthesia and Analgesia](#) - from Ovid

Database: Medline

59. Video-assisted thoracoscopic surgical pleurodesis for persistent spontaneous pneumothorax in late pregnancy.

Author(s): Reid, C J; Burgin, G A

Source: Anaesthesia and intensive care; Apr 2000; vol. 28 (no. 2); p. 208-210

Publication Date: Apr 2000

Publication Type(s): Case Reports Journal Article

Available in full text at [Anaesthesia and Intensive Care](#) - from ProQuest

Abstract:A case of persistent spontaneous pneumothorax in the third trimester of pregnancy managed by video-assisted thoracoscopic surgical pleurodesis is presented. Anaesthetic and perioperative considerations are discussed.

Database: Medline

60. Emergency combined cesarean section and thoracoscopic pleurodesis in a patient with recurrent spontaneous pneumothorax.

Author(s): Dörfler-Grassauer, D; Nagele, F; Kudielka, I; Wieser, F; Husslein, P

Source: Acta obstetrica et gynecologica Scandinavica; Aug 1998; vol. 77 (no. 7); p. 787-788

Publication Date: Aug 1998

Publication Type(s): Journal Article

Available in full text at [Acta Obstetrica et Gynecologica Scandinavica](#) - from John Wiley and Sons

Database: Medline

61. The contraindicated (forbidden) points of acupuncture for needling, moxibustion and pregnancy

Author(s): Dale R.A.

Source: American Journal of Acupuncture; 1997; vol. 25 (no. 1); p. 51-53

Publication Date: 1997

Publication Type(s): Journal: Review

Abstract:Certain acupuncture points have been traditionally designated as contraindicated for needling, for moxibustion, or under special conditions. This article discusses the bases and sources for these prohibitions. Summary tables organize the points according to those contraindicated for comparatively shallow and deep needling, for moxibustion, and during pregnancy.

Database: EMBASE

62. Pneumothorax in pregnancy associated with cocaine use.

Author(s): Chan, L; Pham, H; Reece, E A

Source: American journal of perinatology; Aug 1997; vol. 14 (no. 7); p. 385-388

Publication Date: Aug 1997

Publication Type(s): Case Reports Journal Article Review

Abstract: Pneumothorax is extremely rare during pregnancy. We describe two antepartum cases temporally associated with cocaine use with a review of the literature and discussion on treatment options. Case 1, a 39-year-old female, presented at 31.3 weeks' gestation with a right pneumothorax after smoking crack cocaine. The pneumothorax was refractory to conservative therapy necessitating transaxillary resection of apical lung blebs. Fetal compromise was diagnosed at 34.6 weeks of gestation requiring induction of labor and subsequent delivery of a viable infant. Case 2, a 27-year-old female, presented at 28.9 weeks of pregnancy with her third episode of recurrent left pneumothorax. Thoracotomy and excision of lung bleb was performed and the patient was discharged on postoperative Day 5. Although the patient denied any history of drug use, drug screens were positive for cocaine. The patient delivered at term without further complications. Cocaine use is a predisposing factor for pneumothorax during pregnancy. Spontaneous pneumothorax carries a high risk of recurrence, possibly higher if induced by continued cocaine-use. Surgical intervention should be considered in refractory or recurrent cases.

Database: Medline

63. Subcutaneous emphysema and pneumothorax during laparoscopy for ectopic pregnancy removal.

Author(s): Perko, G; Fernandes, A

Source: Acta anaesthesiologica Scandinavica; Jun 1997; vol. 41 (no. 6); p. 792-794

Publication Date: Jun 1997

Publication Type(s): Case Reports Journal Article

Available in full text at [Acta Anaesthesiologica Scandinavica](#) - from John Wiley and Sons

Abstract: We report a case of subcutaneous emphysema and pneumothorax during laparoscopic removal of ectopic pregnancy. Increases in airway pressures and end-tidal carbon dioxide, simultaneously with decrease of lung compliance, led quickly to diagnosis of pneumothorax. We recommend a careful monitoring of these variables during laparoscopic procedures. Carbon dioxide pneumothorax can occur even without pulmonary or pleural trauma.

Database: Medline

64. Management of spontaneous pneumothorax during pregnancy: case report and review of the literature.

Author(s): VanWinter, J T; Nichols, F C; Pairolero, P C; Ney, J A; Ogburn, P L

Source: Mayo Clinic proceedings; Mar 1996; vol. 71 (no. 3); p. 249-252

Publication Date: Mar 1996

Publication Type(s): Case Reports Journal Article Review

Available in full text at [Mayo Clinic Proceedings](#) - from Free Access Content

Abstract:Spontaneous pneumothorax rarely occurs during pregnancy. Only 22 nonmalignancy-related cases have been previously published. Herein we report a case of recurrent spontaneous pneumothorax during the third trimester of pregnancy that necessitated surgical intervention. At thoracotomy, a large bulla was excised from the lower lobe of the right lung; abrasive pleurodesis was subsequently done. Postoperatively, the patient had regular contractions, which were successfully stopped with intravenous administration of magnesium sulfate. Indications, procedures, and pre-cautions for operative intervention during pregnancy are discussed.

Database: Medline

65. Treatment of pneumothorax during pregnancy.

Author(s): Levine, A J; Collins, F J

Source: Thorax; Mar 1996; vol. 51 (no. 3); p. 338

Publication Date: Mar 1996

Publication Type(s): Case Reports Journal Article

Available in full text at [Thorax](#) - from Highwire Press

Abstract:Pneumothorax during pregnancy is rare. A case report is presented and a novel way of managing the problem is discussed.

Database: Medline

66. Pneumomediastinum and bilateral pneumothoraces in a patient with hyperemesis gravidarum.

Author(s): Schwartz, M; Rossoff, L

Source: Chest; Dec 1994; vol. 106 (no. 6); p. 1904-1906

Publication Date: Dec 1994

Publication Type(s): Case Reports Journal Article

Available in full text at [Chest](#) - from Free Access Content

Abstract:Hyperemesis gravidarum (HG) is a severe form of the more common nausea of early pregnancy. We report an unusual case of pneumomediastinum and bilateral pneumothoraces presenting in the tenth week of pregnancy complicating HG.

Database: Medline

67. Spontaneous pneumothorax in early pregnancy: successful management by thoracoscopy.

Author(s): Brodsky, J B; Eggen, M; Cannon, W B

Source: Journal of cardiothoracic and vascular anesthesia; Oct 1993; vol. 7 (no. 5); p. 585-587

Publication Date: Oct 1993

Publication Type(s): Case Reports Journal Article

Database: Medline

68. Pulmonary lymphangiomyomatosis causing bilateral pneumothorax during pregnancy.

Author(s): Warren, S E; Lee, D; Martin, V; Messink, W

Source: The Annals of thoracic surgery; Apr 1993; vol. 55 (no. 4); p. 998-1000

Publication Date: Apr 1993

Publication Type(s): Case Reports Journal Article

Available in full text at [Annals of Thoracic Surgery](#) - from Free Access Content

Abstract:A 32-year-old woman, 12 weeks pregnant, presented with bilateral spontaneous pneumothorax that did not heal with tube thoracostomy. At right and left thoracotomy, lymphangiomyomatosis of the lung was found and treated by pleurodesis. Lymphangiomyomatosis has been infrequently reported in the surgical literature, even though it may befall the thoracic surgeon to establish the diagnosis and aid in treatment.

Database: Medline

69. Tension fecal pneumothorax in a postpartum patient.

Author(s): Lacayo, L; Taveras, J M; Sosa, N; Ratzan, K R

Source: Chest; Mar 1993; vol. 103 (no. 3); p. 950-951

Publication Date: Mar 1993

Publication Type(s): Case Reports Journal Article

Available in full text at [Chest](#) - from Free Access Content

Abstract:A 20-year-old woman developed severe shortness of breath 4 h after a cesarean section. Chest roentgenogram showed a pleural effusion and tension pneumothorax; insertion of a chest tube drained liquid stool. At surgery she was found to have a left diaphragmatic defect with herniation, strangulation, and perforation of the transverse colon into the pleural cavity.

Database: Medline

70. Pop goes the needle

Author(s): anonymous

Source: Lancet; 1991; vol. 337 (no. 8737); p. 355-356

Publication Date: 1991

Publication Type(s): Journal: Note

Available in print at [Patricia Bowen Library and Knowledge Service West Middlesex university Hospital](#) - from The Lancet

Database: EMBASE

71. Bilateral tension pneumothoraces after acupuncture.

Author(s): Wright, R S; Kupperman, J L; Liebhaber, M I

Source: The Western journal of medicine; Jan 1991; vol. 154 (no. 1); p. 102-103

Publication Date: Jan 1991

Publication Type(s): Case Reports Journal Article

Available in full text at [Western Journal of Medicine, The](#) - from National Library of Medicine

Database: Medline

72. Pneumothorax in pregnancy.

Author(s): Wennergren, M; Jørgensen, C; Bugge, M; Lepore, V; Gatzinsky, P

Source: Acta obstetricia et gynecologica Scandinavica; 1990; vol. 69 (no. 5); p. 441-442

Publication Date: 1990

Publication Type(s): Case Reports Journal Article

Abstract: Since 1957, only 15 cases of isolated spontaneous pneumothorax in pregnancy have to our knowledge been reported in the English literature. The treatment of pneumothorax in pregnancy is more difficult than in non-pregnant patients. A case is reported and therapy discussed.

Database: Medline

73. Spontaneous pneumothorax complicating pregnancy--case report and review of the literature.

Author(s): Terndrup, T E; Bosco, S F; McLean, E R

Source: The Journal of emergency medicine; 1989; vol. 7 (no. 3); p. 245-248

Publication Date: 1989

Publication Type(s): Case Reports Journal Article Review

Abstract: Patients with a spontaneous pneumothorax frequently present for care in the emergency department. The occurrence of spontaneous pneumothorax during parturition occurs rarely. We describe a case of spontaneous pneumothorax during the first trimester of pregnancy, which resolved with tube thoracostomy. The patient delivered vaginally a healthy 4.3 kg male at term under epidural anesthesia. We discuss spontaneous pneumothorax and review reported cases during pregnancy.

Database: Medline

74. Subcutaneous emphysema, pneumomediastinum, and pneumothorax in labor and delivery.

Author(s): Reeder, S R

Source: American journal of obstetrics and gynecology; Mar 1986; vol. 154 (no. 3); p. 487-489

Publication Date: Mar 1986

Publication Type(s): Case Reports Journal Article

Abstract:Hamman's syndrome occurs rarely in the setting of labor and delivery. In this report 187 cases of Hamman's syndrome, with and without objective evidence of pneumothorax, are summarized and the literature reviewed. Most of the women were primiparous, and first and second stages of labor were of normal duration (18.3 and 4.1 hour, respectively). Average fetal size (7 pounds, 14 ounces) was also found to be within normal limits. Signs, symptoms, and pathophysiology are reviewed and treatment discussed.

Database: Medline

75. Catamenial pneumothorax--a literature review and report of an unusual case.

Author(s): Schoenfeld, A; Ziv, E; Zeelel, Y; Ovadia, J

Source: Obstetrical & gynecological survey; Jan 1986; vol. 41 (no. 1); p. 20-24

Publication Date: Jan 1986

Publication Type(s): Case Reports Journal Article Review

Abstract:As already mentioned, only a few cases of CPT were described in the international medical literature, though there probably are some publications in languages unknown to us. It is quite possible that this syndrome is much more common than known to us, but until now there has been a lack of awareness of it. It may be presumed that in some of the cases of women complaining of some discomfort during menstruation, thorough examination would reveal a mild spontaneous pneumothorax which doesn't require any special treatment and is self-resolving; but most gynecologists are not thoroughly aware of this entity. While examining the clinical findings it is possible to demonstrate that this syndrome has its own clinical characteristics, totally different from those of spontaneous pneumothorax in the population as a whole. One of the characteristics of the syndrome is the assumption that women who do not ovulate, as women during the menarche, pregnant women and women taking contraceptive medications, are not subject to CPT. A case described in this review contradicts this assumption, although treatment with ovulatory suppressants, successfully used so far, should not be undervalued. The etiology and pathogenesis of this syndrome was and still is enigmatic. The accumulated knowledge so far does not point to any one etiologic factor. Therefore the suggested treatment, before definitive operative treatment, is so far experimental only, and its chances of success in any particular case are unpredictable.

Database: Medline

76. Pulmonary complications following endotracheal intubation for anesthesia in breech extraction.

Author(s): Evron, S; Beyth, Y; Samueloff, A; Eimerl, D; Schenker, J G

Source: Intensive care medicine; 1985; vol. 11 (no. 4); p. 223-225

Publication Date: 1985

Publication Type(s): Case Reports Journal Article

Available in full text at [Intensive Care Medicine](#) - from Springer Link Journals

Abstract:A 28-year-old, healthy pregnant patient developed bilateral pneumothorax, subcutaneous emphysema, pneumomediastinum, pneumoretroperitoneum and pneumoperitoneum following endotracheal intubation and manual ventilation during general anesthesia for breech extraction. It is likely that positive-pressure ventilation was the cause for this very rare combination of complications. Early recognition and treatment may prevent such a catastrophe.

Database: Medline

77. Surgical management of recurrent spontaneous pneumothorax during pregnancy.

Author(s): Dhalla, S S; Teskey, J M

Source: Chest; Aug 1985; vol. 88 (no. 2); p. 301-302

Publication Date: Aug 1985

Publication Type(s): Case Reports Journal Article

Available in full text at [Chest](#) - from Free Access Content

Abstract:We report three cases of recurrent spontaneous pneumothorax associated with pregnancy. All three cases had apical bullectomies during their pregnancies.

Database: Medline

78. Infective endocarditis presenting with a pneumothorax in a patient 32 weeks pregnant.

Author(s): Collins, J H; Gomes, G; Brown, J W; Muller, R

Source: The Journal of the Louisiana State Medical Society : official organ of the Louisiana State Medical Society; May 1985; vol. 137 (no. 5); p. 60-63

Publication Date: May 1985

Publication Type(s): Case Reports Journal Article

Database: Medline

79. Pneumomediastinum in pregnancy: Two case reports and a review of the literature, pathophysiology, and management

Author(s): Karson E.M.; Saltzman D.; Davis M.R.

Source: Obstetrics and Gynecology; 1984; vol. 64 (no. 3)

Publication Date: 1984

Publication Type(s): Journal: Article

Abstract:Pneumomediastinum, free air trapped in the mediastinal connective tissue, is a rare complication of pregnancy, occurring most frequently in the second stage of labor. Symptoms are often not noted until after delivery. Occurrence before and in the first stage of labor, as seen in the two cases reported here, is more uncommon. One case history is the first report of the coexistence of pneumomediastinum and pneumothorax in pregnancy. The prognosis for spontaneous pneumomediastinum in pregnancy is favorable. Pathophysiologic mechanisms, diagnosis, and management are discussed, and a review of the literature is presented.

Database: EMBASE

80. Pulmonary lymphangiomyomatosis: With particular reference to steroid-receptor assay studies and pathologic correlation

Author(s): Graham II M.L.; Spelsberg T.C.; Dines D.E.

Source: Mayo Clinic Proceedings; 1984; vol. 59 (no. 1); p. 3-11

Publication Date: 1984

Publication Type(s): Journal: Article

Available in full text at [Mayo Clinic Proceedings](#) - from Free Access Content

Abstract:The symptoms of progressive dyspnea, hemoptysis, spontaneous pneumothorax, chylous effusions, and cough in conjugation with ventilatory obstruction and abnormal gas exchange in a young woman should prompt the diagnosis of pulmonary lymphangiomyomatosis. Cytosol steroid-receptor assays and postmortem studies were conducted in an extensive investigation of a case of this disease. A biopsy specimen of the lung disclosed evidence of nuclear translocation of [3H]progesterone and the presence of a cytosolic receptor for progesterone, an indication that this disease could be treated effectively with progestin.

Database: EMBASE

81. Spontaneous pneumothorax in pregnancy: a case report and review of the literature.

Author(s): Farrell, S J

Source: Obstetrics and gynecology; Sep 1983; vol. 62 (no. 3)

Publication Date: Sep 1983

Publication Type(s): Case Reports Journal Article

Abstract:A 19-year-old primigravida at term presented with bilateral, spontaneous pneumothorax. The maternal and infant outcomes were successful. The impact on pregnancy is discussed, and suggestions are made for obstetric management.

Database: Medline

82. Antepartum spontaneous pneumothorax.

Author(s): Freedman, L J

Source: Diagnostic gynecology and obstetrics; 1982; vol. 4 (no. 2); p. 151-153

Publication Date: 1982

Publication Type(s): Case Reports Journal Article

Database: Medline

83. Spontaneous pneumothorax in pregnancy and labour.

Author(s): Bending, J J

Source: Postgraduate medical journal; Nov 1982; vol. 58 (no. 685); p. 711-713

Publication Date: Nov 1982

Publication Type(s): Case Reports Journal Article

Available in full text at [Postgraduate Medical Journal](#) - from National Library of Medicine

Available in print at [Patricia Bowen Library and Knowledge Service West Middlesex university Hospital](#) - from Postgraduate Medical Journal

Available in full text at [Postgraduate Medical Journal](#) - from Free Access Content

Abstract:A case of spontaneous pneumothorax occurring at the end of labour in a healthy 17-year-old primigravida is described. Its occurrence was accompanied by marked surgical emphysema of the face, neck, arms and thorax. The patient had had previous thyroid surgery and was coincidentally found to have bilateral cervical ribs on chest X-ray. Previously described cases are reviewed, and the management discussed. Hypoxia to the fetus is a definite threat, and spontaneous pneumothorax should be considered in the differential diagnosis of chest pain and dyspnoea during delivery. It is a potential extragenital cause of maternal mortality.

Database: Medline

84. Spontaneous tension pneumothorax and mediastinal emphysema associated with anesthesia for cesarean section.

Author(s): Hubbert, C H; Roberson, W T; Solomon, J A

Source: AANA journal; Feb 1981; vol. 49 (no. 1); p. 59-62

Publication Date: Feb 1981

Publication Type(s): Case Reports Journal Article

Available in full text at [AANA Journal](#) - from EBSCOhost

Database: Medline

85. Spontaneous pneumothorax in labor: Case report

Author(s): Najafi J.A.; Guzman L.G.

Source: Military Medicine; 1978; vol. 143 (no. 5); p. 341-344

Publication Date: 1978

Publication Type(s): Journal: Article

Abstract:The world literature in spontaneous and/or tension pneumothorax has been reviewed and only a handful of well-documented cases has been found. The immediate diagnosis and prompt emergent treatment are of the utmost importance to prevent dire hazards to the mother and baby. Congenital cysts with rupture as a cause of spontaneous pneumothorax might involve a whole lobe, and yet be undiscovered at the end of pregnancy and labor. A case of spontaneous pneumothorax due to rupture of a congenital lung cyst has been presented. The patient was a 32 year old multipara and the condition occurred during labor. Catheter thoracostomy was ineffective and open thoracotomy with right upper lobectomy had to be performed to control the situation. We believe this to be the sixth case of this type reported in the world literature.

Database: EMBASE

86. Spontaneous pneumothorax in labor.

Author(s): Najafi, J A; Guzman, L G

Source: American journal of obstetrics and gynecology; Oct 1977; vol. 129 (no. 4); p. 463-464

Publication Date: Oct 1977

Publication Type(s): Case Reports Journal Article

Database: Medline

87. Bilateral catamenial pneumothorax.

Author(s): Laws, H L; Fox, L S; Younger, J B

Source: Archives of surgery (Chicago, Ill. : 1960); May 1977; vol. 112 (no. 5); p. 627-628

Publication Date: May 1977

Publication Type(s): Case Reports Journal Article

Abstract:Bilateral catamenial pneumothorax occurred in a 32-year-old parous woman. The 41 previously reported cases of catamenial pneumothorax occurred on the right side. This patient was treated with left-sided pleurodesis and, subsequently, with hysterectomy and bilateral salpingo-oophorectomy. The pathologic mechanism of this peculiar syndrome has been attributed to reflux of air via the genitalia and fenestrations in the diaphragm, menstrual shedding of endometrial cells growing in the visceral pleura, or, possibly, aveolar tissue damage secondary to vascular and bronchiolar spasm resulting from dinoprost tromethamine released from menstrual debris. Treatment needs to be tailored to fit the individual patient's specific pelvic and intrathoracic pathology and procreative desires.

Database: Medline

88. Bilateral pneumothorax and cardiovascular collapse on induction of anesthesia.

Author(s): Graulau, M F; Phelps, M

Source: Anesthesia and analgesia; 1972; vol. 51 (no. 5); p. 671-675

Publication Date: 1972

Publication Type(s): Journal Article

Available in full text at [Anesthesia and Analgesia](#) - from Ovid

Database: Medline

DISCLAIMER: Results of database and or Internet searches are subject to the limitations of both the database(s) searched, and by your search request. It is the responsibility of the requestor to determine the accuracy, validity and interpretation of the results.

Strategy 129375

#	Database	Search term	Results
1	Medline	(pneumothorax).ti,ab	18248
2	Medline	exp PNEUMOTHORAX/	15468
3	Medline	(1 OR 2)	23366
4	Medline	(pregnan*).ti,ab	415767
5	Medline	exp PREGNANCY/	801705
6	Medline	(4 OR 5)	887865
7	Medline	(3 AND 6)	470
8	Medline	7	353
9	EMBASE	(pneumothorax).ti	8673
10	EMBASE	*PNEUMOTHORAX/ OR *"SPONTANEOUS PNEUMOTHORAX"/ OR *"TENSION PNEUMOTHORAX"/ OR *HEMATOPNEUMOTHORAX/	11894
11	EMBASE	(9 OR 10)	12600
12	EMBASE	(pregnan*).ti	230462
13	EMBASE	*PREGNANCY/	166176
14	EMBASE	(12 OR 13)	285808
15	EMBASE	(11 AND 14)	95
16	EMBASE	15	76