

Lymphangioliomyomatosis (LAM) as a surgical emergency

Fatmir Caushi¹,
Hasan Hafizi²,
Elton Evangelos Gkinos³,
Armela Cuko⁴,
Arian Thomaj⁵,
Agron Menzelxhiu⁶,
Alban Hatibi⁷,
Ornela Nuredini⁸

A 52-year-old woman was referred to our hospital with severe dyspnea and diagnosed bilateral pneumothorax. The patient submitted to bilateral water seal thoracic drainage. As the clinical improvement was not significant after five days in ICU, the patient was operated in order to treat definitively the left pneumothorax because of the prolonged air leak. The pathologic evaluation of the biopsy was suggestive of lymphangioliomyomatosis. A CT scan of thorax performed a few days later further confirmed the diagnosis.

¹Department of Thoracic Surgery at University Hospital of Lung Diseases, Tirane, Albania

²Department of Pneumology at University Hospital of Lung Diseases, Tirane, Albania

³Department of Intensive Care Unit at Hospital of Elefsina, Greece

⁴Department of Pneumology at University Hospital of Lung Diseases, Tirane, Albania

⁵Department of Pathology at Regional Hospital of Vlora, Albania

⁶Department of Thoracic Surgery at University Hospital of Lung Diseases, Tirane, Albania

⁷Department of Intensive Care at University Hospital of Lung Diseases, Tirane, Albania

⁸Department of Pneumology at University Hospital of Lung Diseases, Tirane, Albania

Λέξεις κλειδιά:

- lymphangioliomyomatosis,
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Correspondence to:

Dr. Fatmir Caushi
University Hospital of Lung Diseases, Sauk, Tirane,
Albania
Tel.: +355684017921
E-mail: fcaushi@yahoo.com

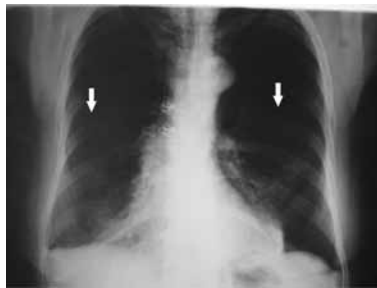


FIGURE 1. The initial chest X-ray showing bilateral pneumothorax.

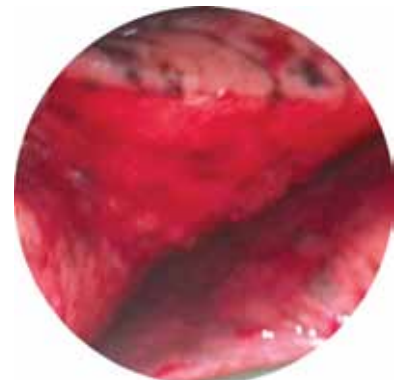


FIGURE 2. Macroscopic view of the left lung during VATS.

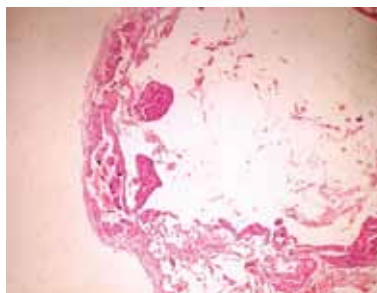


FIGURE 3. Histological findings on the specimen taken for biopsy from the left lung that show a proliferation of disorderly smooth muscle growth (leiomyoma) throughout the lungs.



FIGURE 4. The chest CT scan after VATS of the left lung showing bilateral cystic lesions.