

PRIMARY SPONTANEOUS PNEUMOTHORAX: HIDDEN CAUSES AND GENDER ASPECTS OF DIAGNOSIS

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Abstract

A gender differences is an actual problem for many medical specialties. While this issue is getting more pronounced in cardiology, lung diseases are generally considered gender-neutral. However, statistics of spontaneous pneumothorax demonstrate a distinct imbalance: this condition is typical for men of asthenic build, being rarer in women (1:6 ratio in favor of men). This statistical gap turns patient's gender into a meaningful diagnostic criterion. An occurrence of spontaneous pneumothorax in non-smoking woman with atypical for this disorder phenotype, requires a revision of the diagnosis from "primary" and an active search for the secondary causes.

The clinical case of relapsing pneumothorax in a woman of reproductive age has been presented in current report, where a factor of patient's gender became a crucial for a verification of rare orphan disease – lymphangioleiomyomatosis (LAM), hiding under the mask of "primary spontaneous pneumothorax".

Conclusion. Relapsing pneumothorax in women of reproductive age is an indication for an obligatory exclusion of LAM. An effective algorithm of the management of such patients should use a complex approach to avoid possible mistakes.

Key words: spontaneous pneumothorax, gender aspects, lymphangi-oleiomyomatosis, differential diagnosis, HMB45.

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