INTRODUCTION

- Pseudo-Meigs syndrome is characterized by the co-existence of hydrothorax, ascites and ovarian tumour other than benign ovarian fibroma.
- Ovarian cancer is the 7th most common cancer in women worldwide. [1]
- Of them, primary ovarian mucinous adenocarcinoma constitutes only 3 - 4%.

CASE REPORT

- The case herein concerns a 19 years old unmarried girl complaining of progressive shortness of breath on exertion & progressive swelling of lower abdomen for last 3 months.
- Her clinical & radiological examination revealed a right sided pleural effusion, ascites & a large heterogeneous pelvic mass with solid & cystic components, suggestive of right ovarian tumor.
- The cytological examination of the pleural fluid was negative for malignant cells. An exploratory laparotomy with excision of tumor (size 14x12 cm³) and right ovary was done.
- The tumor was diagnosed histologically as an ovarian mucinous cystadenocarcinoma.
- Postoperative resolution of hydrothorax & ascites confirmed the diagnosis of pseudo-meigs syndrome.

DISCUSSION

- The etiology of the fluid accumulations remains unclear, although it appears to be related to lymphatic obstruction. [2]
- The pseudo-Meigs syndrome is clinically important because it resembles metastatic ovarian cancer. Cytologic examination of the body cavity effusions is essential to differentiate between reactive process and metastatic tumor spread. [3]
- There are also some benign pelvic lesions causing pseudo-Meigs syndrome, such as struma ovarii, ovarian cystadenomas, uterine leiomyomas etc. [4]

CONCLUSION

- Pseudo-Meigs syndrome should be considered as a rare differential diagnosis for ascites and pleural effusions, even in younger age groups. Patients with pseudo-Meigs syndrome may present a diagnostic problem as they masquerade as carcinoma with malignant effusions.
- Thus they should always undergo exploratory laparotomy. Surgical therapy has a very important role for the complete remission of the disease in cases of benign tumors, and for the remission of ascites and pleural effusions in cases of malignant tumors.

REFERENCE