

# Pseudo-Meigs's syndrome

Eriko Miyawaki,<sup>1</sup> Tateaki Naito ,<sup>1</sup> Yuka Kasamatsu<sup>2</sup>

<sup>1</sup>Division of Thoracic Oncology, Shizuoka Cancer Center, Sunto-gun, Shizuoka, Japan

<sup>2</sup>Division of Genecology, Shizuoka Cancer Center, Sunto-gun, Shizuoka, Japan

## Correspondence to

Dr Tateaki Naito;  
t.naito@scchr.jp

Accepted 19 January 2021

## DESCRIPTION

A 77-year-old woman presented to our hospital with cough. A pulmonary CT showed bilateral pleural effusion dominant in the right side, although there was no lesion in the lungs and mediastinum. Pleural effusion was exudative and slightly bloody, and negative for cytodiagnosis. While thoracoscopy revealed no pleural lesion, the pleural effusion increased over time and required drainage. A huge uterine mass with calcification and slight ascites was detected by a whole-body CT (figure 1). Serum CA125 level was 643 U/mL. As liquid-based cytology of the uterus strongly suggested malignancy, abdominal total hysterectomy and bilateral

salpingo-oophorectomy was performed. Pathological examination confirmed a diagnosis of high-grade endometrial stromal sarcoma in the uterine corpus. After surgery, pleural effusion and ascites completely disappeared. We concluded that the pleural effusion and ascites were caused by pseudo-Meigs's syndrome.

Pseudo-Meigs's syndrome is defined as a syndrome of abdominal tumours, pleural effusions and ascites.<sup>1</sup> Untreated pseudo-Meigs's syndrome can cause sudden death.<sup>2</sup> Although malignant disease may be suspected when these symptoms are present, it is important not to exclude curative treatment.

## Learning points

- ▶ Pseudo-Meigs's syndrome is characterised by pelvic or abdominal tumour, ascites and pleural effusion which disappear after tumour removal.
- ▶ It is important to think pseudo-Meigs's syndrome as one of differential diagnoses for uncontrollable pleural effusion because the patients may initially visit pulmonologists due to respiratory symptoms.

**Contributors** EM: Investigation, writing—original draft. TN: Investigation, writing—review and editing. YK: Investigation.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Obtained.

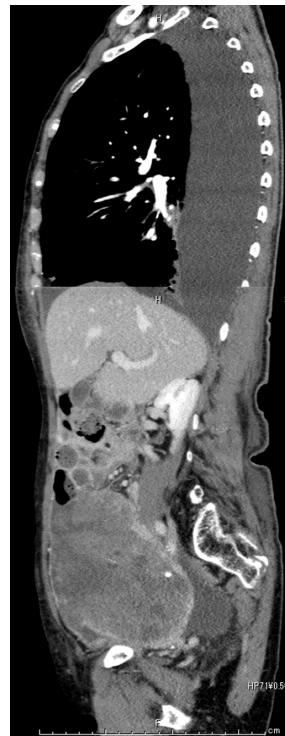
**Provenance and peer review** Not commissioned; externally peer reviewed.

## ORCID iD

Tateaki Naito <http://orcid.org/0000-0003-4047-2929>

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**Figure 1** A whole-body CT showing pleural effusion, slight ascites and a huge uterine mass.



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**To cite:** Miyawaki E, Naito T, Kasamatsu Y. *BMJ Case Rep* 2021;**14**:e241337. doi:10.1136/bcr-2020-241337

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