

Pseudo-Meigs's syndrome

Eriko Miyawaki,¹ Tateaki Naito ,¹ Yuka Kasamatsu²

¹Division of Thoracic Oncology, Shizuoka Cancer Center, Sunto-gun, Shizuoka, Japan

²Division 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.¹ Untreated pseudo-Meigs's syndrome can cause sudden death.² 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>

REFERENCES

- 1 Meigs JV. Pelvic tumors other than fibromas of the ovary with ascites and hydrothorax. *Obstet Gynecol* 1954;3:471–86.
- 2 Barranco R, Molinelli A, Gentile R, *et al*. Sudden, unexpected death due to Pseudo-Meigs syndrome: a case report and review of the literature. *Am J Forensic Med Pathol* 2019;40:89–93.

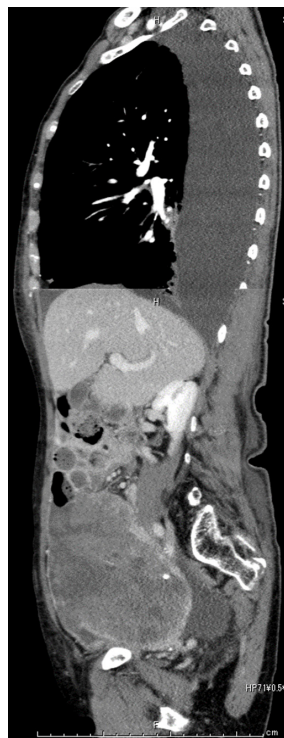


Figure 1 A whole-body CT showing pleural effusion, slight ascites and a huge uterine mass.



© BMJ Publishing Group Limited 2021. No commercial re-use. See rights and permissions. Published by BMJ.

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

Copyright 2021 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <https://www.bmj.com/company/products-services/rights-and-licensing/permissions/>
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

Customer Service

If you have any further queries about your subscription, please contact our customer services team on +44 (0) 207111 1105 or via email at support@bmj.com.

Visit casereports.bmj.com for more articles like this and to become a Fellow