

# Pseudo-Meig's Syndrome Presenting With Bilateral Pleural Effusion in a Teenager



## Medical Science

KEYWORDS :

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### ABSTRACT

*Meig's syndrome is associated with a benign ovarian mass. AJ is a teenager who had a fertility sparing surgery for an ovarian mass that was found to be a dysgerminoma. We have identified further threats to her future fertility and discussed them in this piece.*

### INTRODUCTION

Dysgerminomas are the most common germ cell tumours and may occur bilaterally in up to 15-20% of cases(1). They are most-ly found amongst women in their teens and twenties(1). Occasionally, ascites and right sided hydrothorax may be found in a patient with a dysgerminoma (2). The prognosis is often good when the tumour is discovered to be dysgerminoma due to its sensitivity to chemotherapeutic agents. It has been advocated that fertility sparing surgeries be performed when possible.

We present the case of a 15 year old, nulligravida who was initially thought to have Meig's syndrome with bilateral pleural effusion.

### CASE PRESENTATION

AJ is a 15 year secondary school student, P 0<sup>0</sup> who presented to the gynaecology clinic with a one year history of progressive abdominal swelling. There was associated anorexia and early satiety. There was however no complaints of cough, weight loss or constipation.

On examination, there was an abdomino-pelvic mass which corresponded to a 24 week intra uterine gestation. It was firm, had a smooth surface, there was no differential warmth and no bruit were heard.

The findings on examination of the pelvis were suggestive of a pelvic mass. It was difficult to determine if the mass was of ovarian or uterine origin.

Results of a full blood count and serum electrolytes, urea and creatinine were within normal parameters. CA 125, Lactate dehydrogenase (LDH),  $\beta$ -HCG and  $\alpha$ -Fetoprotein were requested but not done. The chest x-ray showed no abnormalities. An USS showed and demonstrated bilateral pleural effusion. This was also seen following a CT scan.



Figure 1 (top, left): USS showing pleural effusion  
 Figure 2(top right): CT image of the abdomino-pelvic mass  
 Figure 3 (bottom left): CT image showing bilateral pleural effusion  
 Figure 4 (bottom right): Colour doppler USS image of the abdomino-pelvic mass

She and her parents were counselled for surgery and they gave their consent. The findings at surgery were in keeping with a possible Stage 1A ovarian malignancy and a right salpingo-oophorectomy was carried out. The pleural effusion regressed spontaneously following surgery and Meig's syndrome was thought to be the case. However, the histology report which was obtained later showed the mass to be a dysgerminoma. She has been commenced on chemotherapy.



**Figure 5: Intra-operative view of tumour**



**Figure 6: Post operative view of the tumour**

## DISCUSSION

Dysgerminomas should be considered in young women when the clinical features are suggestive of Meig's syndrome(2). The various pathways leading to hydrothorax and ascites in Meig's syndrome have been highlighted(3,4). Other malignant tumours such as fallopian tube adenocarcinomas and secondary ovarian tumours with primaries from the GI tract have been associated with the pseudo-Meig's syndrome(3). Elevated LDH levels may have been suggestive of the dysgerminoma(5) but the patient was unable to perform the requested serum markers due to financial constraints.

Return of normal menstrual function and good fertility potential have been described after fertility preserving surgery and administration of chemotherapeutic agents for the treatment of dysgerminoma(5,6). This is particularly important for Miss A.J who lives in a society that is enamoured with childbearing.

It is particularly important that she is counselled following discharge on the need to apply the principles of safe sexual practices when she becomes sexually active so as to preserve the function of the remaining fallopian tube especially in this envi-

ronment where tubal factor infertility is thought to be the most preventable form of infertility(7).

Proper follow up following completion of chemotherapy is important for this young lady as there is a 5-10% recurrence rate within the first two years following conservation of the contralateral ovary. Most recurrences (75%) occur within the first year(1). Counselling on the need to be adherent with follow up can help to reduce the risk of loss of fertility through the early detection of recurrent disease.

**Conflict of interest:** Both authors are affiliated with Silhouette radio-diagnostic consultants, Yenagoa, Bayelsa State, Nigeria where all imaging was performed at a subsidized cost

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