Pseudo—Meigs syndrome caused by cancer of the uterine corpus

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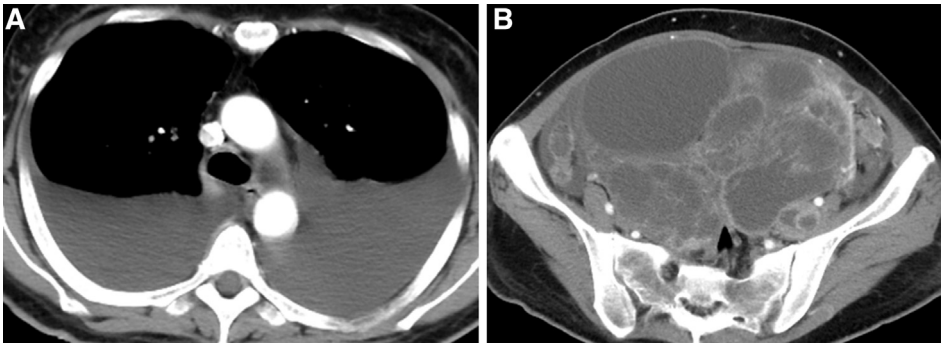
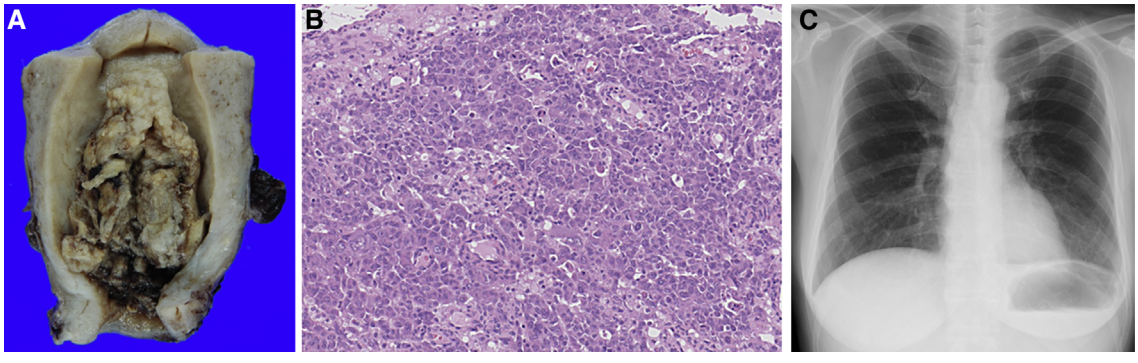
FIGURE 1
Computed tomography of pleural effusions



Computed tomography shows **A,** bilateral pleural effusions and **B,** a huge, cystic tumor of the abdomen and pelvis with ascites.

Okazaki. Pseudo—Meigs syndrome caused by cancer of the uterine corpus. Am J Obstet Gynecol 2019.

FIGURE 2
Gross and microscopic examination, resolved pleural effusions



A, Gross pathologic examination shows cancer of the uterine corpus. **B,** Microscopic findings reveal serous adenocarcinoma of the uterine body (hematoxylin and eosin staining; original magnification, ×20). **C,** The pleural effusions resolved a few days after surgery.

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Case notes

A 44-year-old woman was admitted to our hospital with a 1-month history of dyspnea, abdominal bloating, and genital bleeding. Computed tomography showed bilateral pleural effusions, ascites, and a huge pelvic tumor (Figure 1). Cytologic examination of both the pleural effusions and the ascites was negative for malignant cells, and histologic examination of a transvaginal biopsy of the endometrium revealed serous adenocarcinoma.

Conclusions

After 1 cycle of chemotherapy with carboplatin and paclitaxel, the tumor continued to grow, and the pleural

effusions and ascites continued to worsen. Hysterectomy (Figure 2, A; gross tumor), bilateral salpingo-oophorectomy, and omentectomy were performed to alleviate her severe abdominal bloating. Microscopic examination showed serous adenocarcinoma (Figure 2, B; hematoxylin and eosin staining, original magnification, ×20). The pleural effusions and ascites resolved a few days after surgery (Figure 2, C). The patient remained free of disease at 3 years after surgery. The most common underlying uterine disease with pseudo-Meigs syndrome is leiomyoma. This case illustrates that benign cytologic evidence of both ascites and pleural effusions can be associated with a malignant uterine neoplasm in addition to ovarian fibroma and leiomyoma. ■