Meig's syndrome with massive pericardial effusion, bilateral pleural effusion and ascites

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Introduction

Meig's syndrome is a condition in which an ovarian tumour (usually a fibroma) is associated with ascites and pleural effusion. It resolves after resection of the tumour. We report here what we believe to be the first case of a patient with pericardial effusion complicating Meig's syndrome.

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Case report

A 49-year-old woman presented to her general practitioner with a five-week history of dry cough. She was treated with three courses of antibiotics but her cough and breathlessness persisted. A chest X-ray was performed, which showed a massive left pleural effusion. She was admitted to hospital.

On examination, she had a regular tachycardia of 110 beats per minute. Her blood pressure was within normal limits. She had distant heart sounds and evidence of bilateral pleural effusion, which was more marked on the left side than the right. Abdominal examination showed a mass arising from the pelvis, extending as far as the umbilicus, of nodular consistency. The patient experienced mild tenderness on abdominal examination.

On aspiration of the left-sided pleural effusion, 1.5 litres of amber-coloured fluid was removed. No evidence of malignancy was detected in this. Her electrocardiogram (ECG) at that time (figure 1) showed sinus tachycardia and a generally low voltage. Echocardiography confirmed the presence of a massive pericardial effusion, with evidence of fibrin deposition (figure 2).

Further investigations revealed a CA125 > 1,400 U/L (upper limit of normal is 25 U/L). Abdominal ultrasound showed a mass arising from the uterus and ovaries and the presence of massive ascites. The liver, spleen, kidneys and gall bladder appeared normal. A gynaecological opinion was sought, and laparotomy was planned after taking another 1.5 litres of fluid to help the patient's breathing.

At operation, a large, hard, lobulated mass was found, aris-

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Figure 1. Admission electrocardiogram showing sinus tachycardia and a generally low voltage

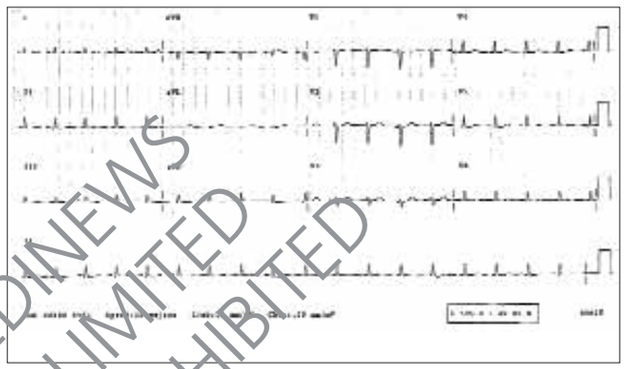


Figure 2. Pre-operative echocardiograms (**A**: long axis parasternal view, **B**: apical view) showing a massive pericardial effusion

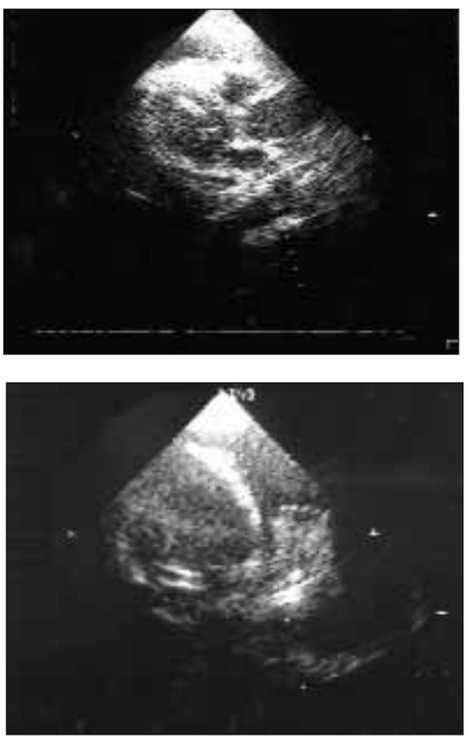
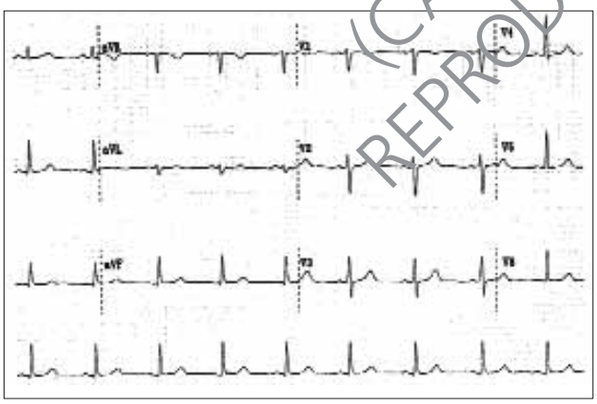


Figure 3. Post-operative echocardiograms (**A**: long axis parasternal view, **B**: apical view) eight weeks after surgery showing normal appearance

A

B

Figure 4. Post-operative electrocardiogram showing resolution of abnormalities



ing from the right ovary and adherent to the uterus. A total hysterectomy and bilateral salpingo-oopherectomy was carried out, and a significant amount of ascites was aspirated.

Frozen section pathology confirmed that the patient had a simple fibroma of the right ovary, with no evidence of malignancy. The diagnosis of Meig's syndrome was confirmed.

At follow-up in the out-patient clinic, the patient remains free of pericardial, pleural and ascitic fluid on clinical examination. Six weeks after her operation, a repeat chest X-ray, echocardiography (figure 3) and ECG (figure 4) were of entirely normal appearance.

Key messages

- We report the first case of a patient with pericardial effusion complicating Meig's syndrome
- The patient had bilateral pleural effusions, a pericardial effusion, ascites and a benign fibroma of the right ovary
- There was elevated CA125 in a benign tumour

Conflict of interest

None declared.