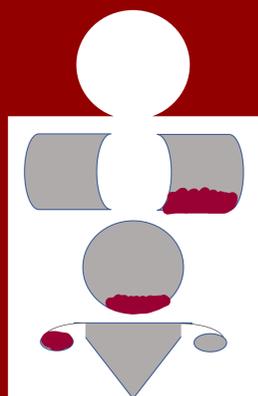


# An 18-year-old with Meigs Syndrome with bilateral ovarian tumors

Kavya Magham BA and Eric Tanenbaum MD  
Washington State University Elson S. Floyd College of Medicine

## INTRODUCTION

Meigs syndrome is a condition that presents with a triad of benign ovarian tumor with ascites and pleural effusion. Normally, this ovarian tumor is an ovarian fibroma in an older patient, but extremely rare cases have been reported in younger patients with sclerosing stromal tumor.



## CASE DESCRIPTION

An 18 y/o female presented to the ED with:

- Worsening shortness of breath, especially with exertion over the past two weeks
- Nonproductive cough for the past two days

She denied fevers, chills, night sweats, weight loss, chest pain.

### Past Medical History:

- Medulloblastoma as an infant complicated by hydrocephalus, requiring cerebellar resection and craniospinal radiation and chemotherapy in remission

Not taking any medications

### Social History:

- No history of travel or recent sick contacts.
- No alcohol, tobacco or drug use

### Family History:

- Maternal grandmother diagnosed with ovarian cancer at an older age

### Physical Exam:

Vital Signs:

BP: 103/79	Pulse: 109	Temp: 37°C (98.6 °F)	Resp: 18	SpO2: 95 %
------------	------------	-------------------------	----------	------------

Heart: regular rate and rhythm, no murmurs

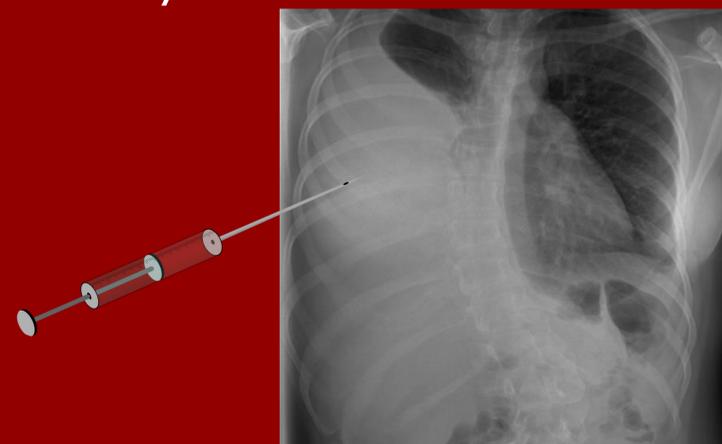
Lungs: no breath sounds over the right hemithorax and slightly decreased breath sounds over the left hemithorax

**Labs:** CBC showed WBC 10.62, unremarkable LFTs, unremarkable BMP, BNP 6.

Serum protein: 8.3, serum LDH: 142

Urinalysis unremarkable. Urine HCG negative.

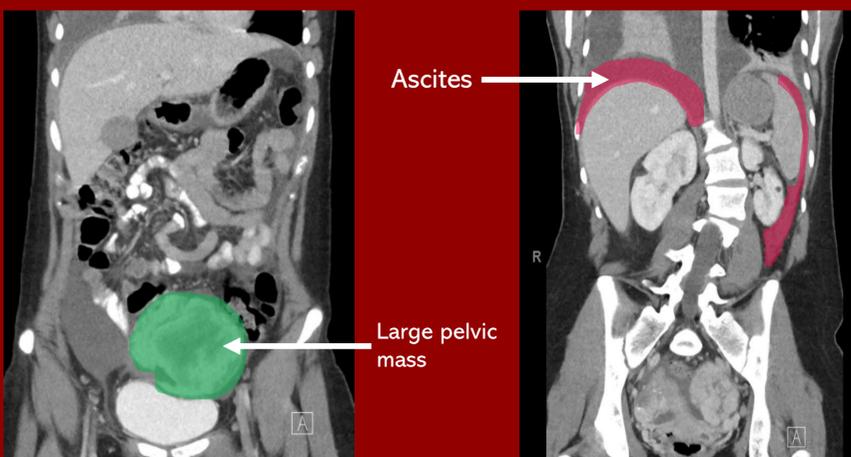
### Chest x-ray:



Pleural fluid showed an **exudative process**

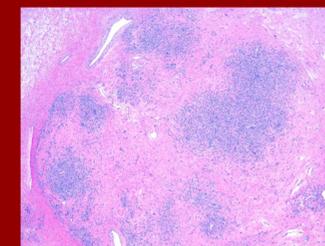
Fluid yellow and hazy	28 nucleated cells, 80% neutrophils, 15% lymphocytes, 5% eosinophils, 4 RBCs	Glucose 95	Protein 5.1	LDH 88
-----------------------	--	------------	-------------	--------

### CT abdomen and pelvis:



**CA-125: 842 U/mL** (0 to 46 U/mL)

Exploratory laparotomy with bilateral salpingo-oophorectomy was performed by the OB/GYN service and bilateral ovarian masses were identified as sclerosing stromal tumors on post-operative pathology



Representative image obtained from Pathology outlines

She was discharged home and her pleural effusion and ascites resolved.

## DISCUSSION

Meigs syndrome is rare affecting about 1% of women who have ovarian tumors. It is rarer in younger patients. Some risk factors include enlarged ovarian mass, co-existing pleural effusion and previous family history of cancer. Of the types of ovarian tumors to be found with Meigs syndrome, fibromas are the most common. CA-125 levels can be elevated in non-malignant cases likely due to ovarian metaplasia.

### Learning points:

- Consider Meigs syndrome in patients presenting with an exudative pleural effusion and ascites, especially with a family history of cancer
- Non-malignant intra-abdominal lesions can cause an elevation in CA-125
- While usually described in the setting of ovarian fibromas, other ovarian pathology is also associated with Meigs syndrome