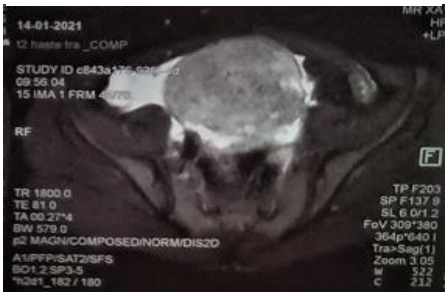
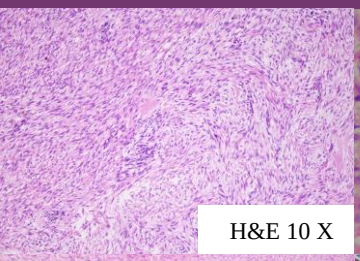
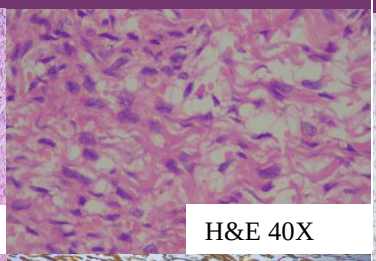
- Thirty year old female presented with pain in lower abdomen since 1 year.
- CECT abdomen revealed a 9 cm mass in the pelvis along with mild ascites and right pleural effusion.
- Ovarian malignancy was suspected.
- Total abdominal hysterectomy with bilateral salpingo oophorectomy was performed along with staging laparotomy and bilateral pelvic lymph node dissection.

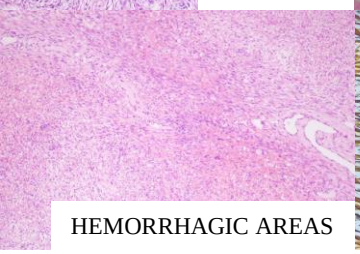
CT IMAGE - OVARIAN MASS



HISTOPATHOLOGICAL EXAMINATION

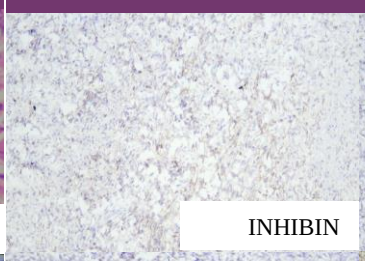

H&E 10 X


H&E 40X

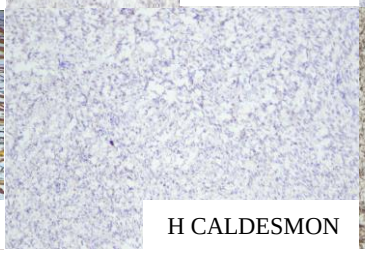

HEMORRHAGIC AREAS

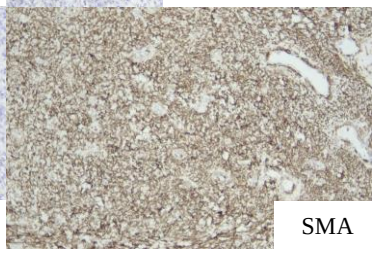

RETICULIN

IMMUNOHISTOCHEMISTRY


INHIBIN


CALRETININ


H CALDESMON


SMA

- ***Gross examination*** showed an encapsulated ovarian mass with tan white firm cut surface & areas of congestion.
- ***Histopathological examination*** showed a variably cellular tumor consisting of fascicles & sheets of bland fibroblastic cells with scant eosinophilic cytoplasm & spindled to fusiform nuclei. These cells showed indistinct cell borders & were seen to blend with extracellular collagen/surrounding stroma. Areas of fresh hemorrhage noted. No evidence of significant nuclear atypia or mitosis identified.
- ***Uterus, cervix, other ovary, bilateral fallopian tubes, all pelvic lymph nodes*** were unremarkable. Peritoneal wash cytology, omental & peritoneal biopsy were within normal limits.
- ***Special histochemistry & IHC*** were done to confirm the diagnosis and to exclude remote possibility of ***leiomyoma/ granulosa cell tumor.***

FINAL DIAGNOSIS - OVARIAN FIBROMA WITH MEIGS SYNDROME

The ascites and pleural effusion resolved post surgery, confirming the final diagnosis.

DISCUSSION

MEIGS SYNDROME

❖Meigs syndrome is a rare benign condition, occurring in less than 1% of ovarian tumors, with a classical triad of ovarian fibroma, ascites and pleural effusion & is uncommon before 30 years of age.

❖The pathophysiology behind Meigs syndrome is due to seepage of fluid from ovary into the peritoneal cavity and then into one or both pleural cavities via lymphatics.

❖Recent studies on the pathogenesis of Meigs syndrome suggest role of VEGF, which increases vascular permeability and thus causes fluid accumulation.

❖Its clinical presentation, often associated with a raised CA-125 levels, mirrors that of an ovarian malignancy.

❖Our index case is 30 yr/F with a triad of ovarian mass, ascites & right hydrothorax but normal CA-125 levels.