

MEIGS SYNDROME DUE TO OVARIAN FIBROTHERCOMA: A CASE REPORT

A benign ovarian stromal tumour mimicking malignancy

K. Ouanada¹, Z. Toumi¹, B. Boudinar¹, A. Dammene Debbih¹

¹ Department of Obstetrics and Gynecology, EPH Bologhine Ibn Ziri, Algiers, Algeria

CLINICAL CONTEXT

Meigs syndrome classically combines a benign ovarian stromal tumour, ascites and pleural effusion, with resolution of the effusions after tumour removal. It can closely mimic ovarian cancer.

51

YEARS |
POSTMENOPAUSAL

G3P3

NO PREVIOUS SURGERY

950 g

FINAL TUMOUR WEIGHT

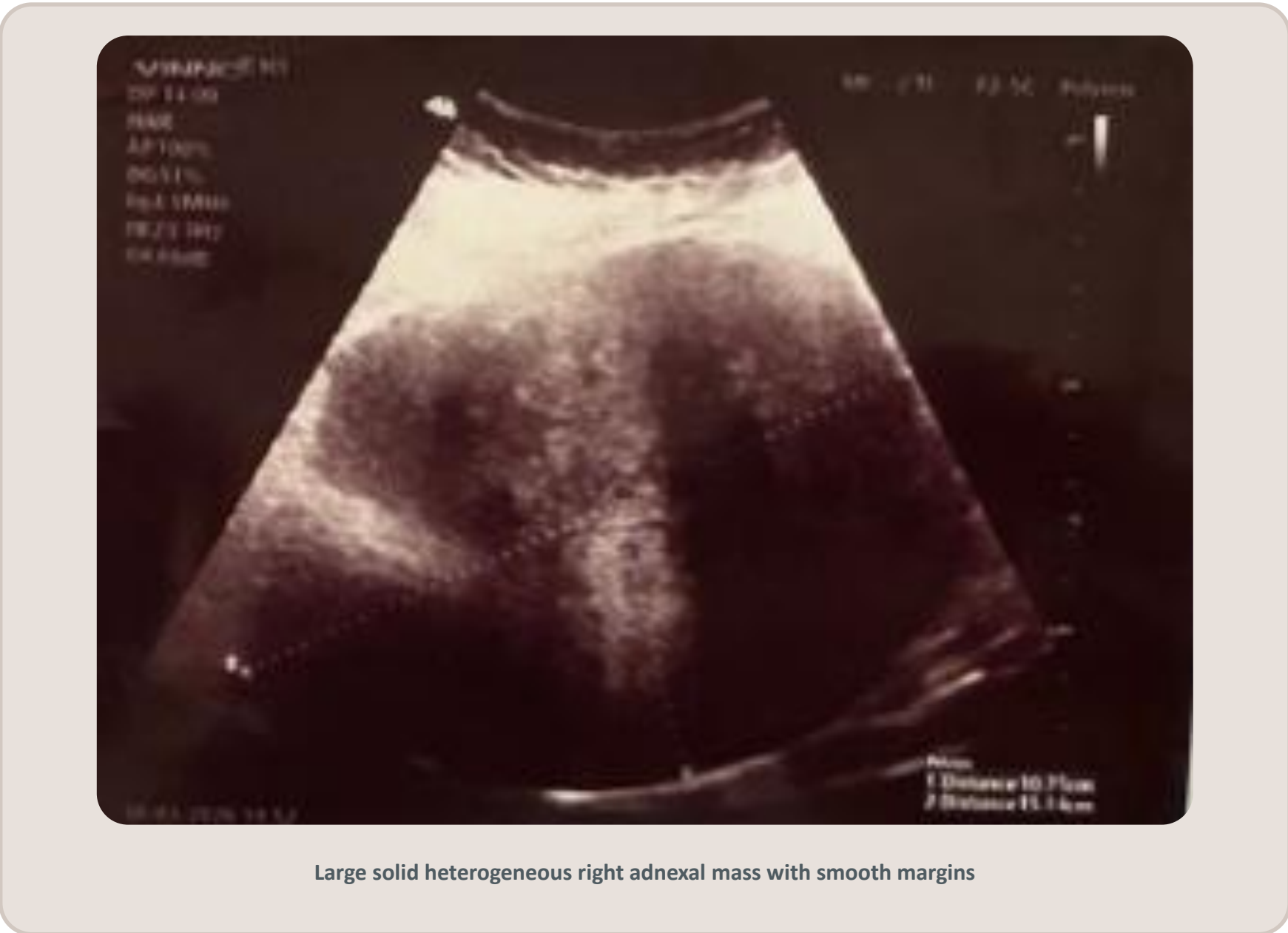
PRESENTATION

- Pelvic heaviness was the presenting symptom.
- Pleural effusion was identified during the initial assessment.
- The pleural effusion raised concern for malignancy despite reassuring tumour markers.

CLINICAL QUESTION

Can a large postmenopausal adnexal mass with pleural effusion still be benign?

ULTRASOUND & RISK ASSESSMENT



RIGHT ADNEXAL
SOLID LESION

107 × 151 mm

Heterogeneous
Regular margins
Polylobulated
Color score 1

O-RADS US 3

Low risk (1–<10%)

ROMA: LOW RISK

Tumour markers normal

MANAGEMENT & OUTCOME



DIAGNOSTIC
PITFALL

Large ovarian mass
+ pleural effusion
≠ always malignancy

THE DIAGNOSTIC PARADOX

FEATURES SUGGESTING
MALIGNANCY

Postmenopause
Very large solid mass
Pleural effusion

vs

REASSURING FEATURES

Smooth margins
Color score 1
Normal markers / low
ROMA

FINAL DIAGNOSIS: MEIGS SYNDROME DUE TO OVARIAN
FIBROTHERCOMA

CLINICAL IMPLICATIONS

- Meigs syndrome should remain in the differential diagnosis of a solid ovarian mass with ascites or pleural effusion.
- A reassuring ultrasound category or low ROMA score does not replace expert assessment when extra-ovarian findings are present.
- It is imperative to maintain a high index of suspicion for malignancy throughout the preoperative workup and intraoperative course, so as not to compromise the prognosis of an underlying ovarian cancer

TAKE-HOME MESSAGE

A malignant-looking clinical picture can conceal a benign, surgically curable ovarian tumour.