MUCINOUS CYST ADENOMA OVARY PRESENTING AS MEIG SYNDROME – A CASE REPORT

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Abstract-
Demon-Meig syndrome in case of adenoma ovary is extremely rare; there is occasional report available in literature of such association. We present a case of adenoma ovary with size and weight that exceeded previously reported parameters and presented with ascitis and right sided hydrothorax. Ascitis and hydrothorax subsided after removal of adenoma ovary.

Key words- Adenoma ovary, Ascitis, Hydrothorax, Demon-Meig syndrome.

Introduction-
Initially, Meig syndrome was described with fibroma of ovary associated with unilateral hydrothorax (1). Demons was first to specify that removal of tumor (benign ovarian cyst, solid ovarian tumor, fibroma of broad ligament) was essential for the patient to be cured of effusions and that it was wrong to postpone surgery. In 1937, Meig arrived at the same findings concerning ovarian fibromas and granulosa cell tumours, hence the name of Demons-Meig which was assigned to this syndrome (2,3). Current literature reports on pseudosyndromes of D-M including genital malignancies with negative cytology (4, 5).

Case report-A thirty five year female is presenting with distention of abdomen, amenorrhea and weight loss of nine months duration. On sonography of abdomen there is a huge mixed echogenic lesion in abdomen and pelvis, 30x24x25cms in size and showing solid and cystic areas. However, no calcification is seen. It is showing minimal flow ion solid area on color Doppler. Uterus was anteverted and normal in size. Endometrial and myometrial echotexture appear normal. Minimal ascites and pleural effusion on right side is seen. No other focal lesion is seen in abdomen.

Cytology of pleural fluid – Fluid shows fair number of acute and chronic inflammatory cells with plenty of RBCs. In the smears no malignant cell is seen. On laprotomy, a huge cyst measuring 30x25cms is removed;
cyst was 8.7 kilograms in weight (Fig 1).

![Fig 1](image1.png)

**Fig 1-** Mucinous cyst adenoma showing solid and cystic areas.

Uterus, cervix and right ovary are normal in appearance. Hydrothorax and ascites subsided completely seven days after removal of the tumor. In histopathological section capsule was intact. There are glands lined by single layer of tall columnar cells and there are large pools of mucin extracellularly (Fig 2).

![Fig 2](image2.png)

**Fig 2.** Ovarian mucinous cyst adenoma lined by single layer of tall columnar cells and filled with mucoid material

**Discussion-** Mucinous tumours tends to be the largest of all ovarian tumors. Many are 15 or more cm in diameter; some exceed 30 cm and may weigh up to 4000gm or more (7). In our case the size of tumor was 30x25cms and weighed 8.7kilograms.

Mucinous ovarian tumours are characterized by glands and cysts which may have papillae, lined to variable extent by mucin containing epithelial cells. Proposed origin of these tumours comprise surface epithelium, germ cells, mucinous glands in medullary-hilar area and transitional cell nests at the same site. Although only about 5% of mucinous tumours arise in the wall of dermoid cysts, there is possibility that some pure mucinous tumours be monodermal teratomas (7).

Meig syndrome occurs rarely with benign ovarian lesions other than fibroma (2, 4, 6). Mucinous cystadenoma of ovary causing Meig syndrome is still rare; there are only occasional reports on this (5, 8).
The mechanism of pleural effusion is said to be related to intrathoracic negative pressure and transdiaphragmatic passage of fluid through peritoneal pores or lymphatics.

An ovarian mass with pleural and abdominal effusion not always represents an advanced malignancy. CA125 value is usually associated to an ovarian malignancy, but there are some benign lesions in which elevated levels of this marker is observed. Removal of the ovarian mass is the only resolutive treatment for these patients. Our findings in this case are in concurrence with other reports.

**CONCLUSION:**

Association of mucinous cystadenoma with Meig syndrome is a rare entity. Secondly the size and weight of the tumor were almost double than that of the previously reported similar cases.

**REFERENCES**

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