Case Report: A Rare Case of Dual Pathology Meigs' Syndrome and Pulmonary Tuberculosis Causing Pleural Effusion

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Meigs syndrome is defined as the triad of a benign ovarian tumour, ascites and hydrothorax, which usually resolves after resection of the tumour. While ovarian fibromas constitute a majority of cases of Meigs syndrome, this syndrome itself is a diagnosis of exclusion and ruling out of ovarian malignancy is mandatory. A 56 year old teacher, a mother of 3 children was referred to Castle Street Hospital for Women for further management of a solid pelvic mass. She had a chronic cough and dyspnoea on exertion, had been investigated previously and found to have right sided pleural effusion. During further evaluation she was diagnosed to have culture positive pulmonary tuberculosis and had been started on anti-tuberculosis therapy. Despite 4 months of treatment, she had persistent right sided pleural effusion and further investigation revealed a 8 cm x 8.8 cm size solid pelvic tumour with mild ascites. Her CA 125 level was 27 U/ml. We did exploratory laparotomy which revealed a right sided solid ovarian tumour. Other ovary and the uterus were normal. She had mild ascites of about 100 ml which was sent for cytology and we proceeded with total abdominal hysterectomy and bilateral salpingo-oophorectomy. She had an uneventful post-operative recovery. Subsequent histology findings were compatible with a right sided benign ovarian fibroma. A chest radiograph repeated in one week's time disclosed complete absorption of pleural effusion. Anti-tuberculosis therapy continued for a total of six months. Though rare, Meigs syndrome must be considered when a female patient is having a persistent pleural effusion.