

Title: **ISOLATED PERICARDIAL EFFUSION IN PSEUDO MEIG'S SYNDROME IN CASE OF 36 WEEKS SIZE INTRAMURAL UTERINE FIBROID.**



INTRODUCTION

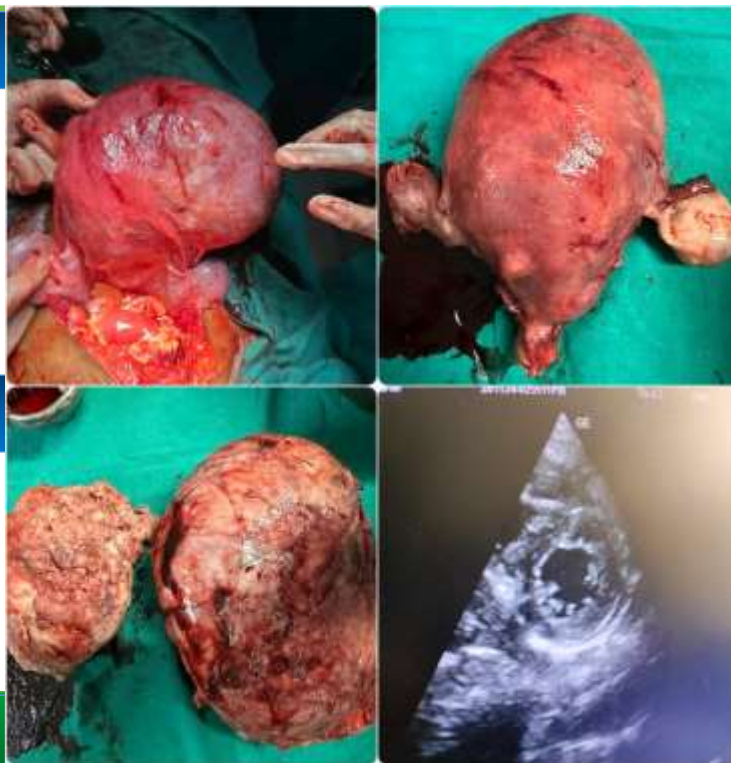
Uterine fibroids are the commonest benign tumour which affect reproductive age women. Pseudo Meigs' syndrome with isolated pericardial effusion is a rare finding in case of uterine fibroid. Surgical management of large fibroid uterus create multiple challenges to both surgeon and the patient.

OBJECTIVES

Management of 36 weeks size intramural uterine fibroid with pseudo Meigs' syndrome with isolated pericardial effusion was done with myomectomy and total abdominal hysterectomy through a pfannenstiell incision.

CASE REPORT

A case aged 50 years nulligravida presented with mass per abdomen with USG scan finding intramural uterine fibroid having pericardial effusion on 2D echo. Intraoperatively, big uterus with intramural uterine fibroid and left side 4 x 4cms ovarian cyst seen. Management was done with myomectomy and total abdominal hysterectomy through a pfannenstiell incision. Postoperatively, resolving pericardial effusion was seen after follow-up.



BIBLIOGRAPHY

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- 2) Burger JW, Van't Riet M, Jeekel J. Abdominal incisions: techniques and postoperative complications. Scandinavian Journal of Surgery. 2002 Dec;91(4):315-21..

DISCUSSION

- Pseudo-meigs syndrome is characterized by a pelvic tumor (other than ovarian fibroma) and associated with ascites, pleural effusion that resolve after tumor resection. In this case, resolving isolated pericardial effusion was seen after successful myomectomy.
- Medical management options like GnRH analogues can be used for short period as pre-surgical treatment to reduce the size of fibroid but enucleation of the fibroid will be difficult as GnRH treatment obscure the tissue planes.
- Difficulty with pfannenstiell incision-limited access to upper abdomen due to large fibroid, difficulty in delivery of the fibroid out of peritoneal cavity.

CONCLUSION

Pericardial effusion in Pseudo Meigs syndrome is a rare finding seems to be resolving after Successful myomectomy and hysterectomy. Management of fibroid uterus depends of patient's age, fertility wishes, uterine preserving desires, symptomatology, site and size of fibroids. Successful myomectomy and hysterectomy can be done through a pfannenstiell incision instead of midline incision which increases post-operative pain, risk of incisional hernia, poor patient satisfaction with cosmetic outcome, even for a 36 weeks size fibroid uterus in carefully selected patients.