

Abstract

A 48-year-old patient with diabetes mellitus and pustular psoriasis presented with shortness of breath and abdominal distention. She had a right sided massive pleural effusion, ascites and evidence of active pustular psoriasis.

Aspiration of the pleural fluid revealed an exudative effusion. Screening for pyogenic foci, tuberculosis and malignant cells were negative. Her Serum CA-125 level was elevated and the contrast enhanced CT abdomen showed a soft tissue lesion arising from the uterine fundus which was later histologically confirmed as an adenocarcinoma.

Resection of the tumour lead to resolution of the effusion and ascites and patient received chemotherapy. This is suggestive of Pseudo Meigs' syndrome.