Misdiagnosis of gossypiboma as Meigs' syndrome

Ugur Canpolat • Asena Gökçay Canpolat • Kudret Aytemir

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A 69-year-old woman who was diagnosed as Meigs' syndrome because of pelvic mass and pleural effusion in another center presented to our hospital with dyspnea for 3 days. Her past medical history revealed inguinal hernia operation 12 years ago. Examination showed tachypnea and decreased lung sound at left inferior lobe. Chest radiography demonstrated left-sided pleural effusion. Electrocardiography showed sinus tachycardia (117 bpm), right bundle branch block and S1Q3T3 pattern. Transvaginal sonography revealed a hypoechoic mass with no vascularity at anterior wall of endometrium protruding into the endometrial lumen. Transthoracic echocardiography demonstrated pulmonary hypertension (65 mmHg), moderate tricuspid regurgitation and dilated right heart chambers. Computed tomography (CT) with pulmonary embolism protocol confirmed the thrombus at bilateral pulmonary interlobar arteries, left-sided pleural effusion, chronic deep vein thrombosis and a heterogenous mass with hyper- and hypodense components of 5 cm × 4.2 cm size in the left inguinal region consistent with spongiosa (Fig. 1). The patient was diagnosed as

Fig. 1 Abdominal CT demonstrating the 50 mm × 42 mm heterogeneous mass, with hyper- and hypodense components, in the left inguinal region

pulmonary thromboembolism due to deep vein thrombosis secondary to venous compression by gossypiboma. She was anticoagulated and underwent surgical excision of the inguinal mass.

U. Canpolat (✉) • K. Aytemir
Department of Cardiology,
Hacettepe University Faculty of Medicine,
Sihhiye/Ankara 06100, Turkey
e-mail: dru_canpolat@yahoo.com

A. G. Canpolat
Department of Internal Medicine,
Hacettepe University Faculty of Medicine,
Ankara, Turkey