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Massive ascites as a presentation in a young woman with endometriosis: a case report.

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Abstract

OBJECTIVE:

To report a case of endometriosis associated with massive ascites and an elevated CA-125 level.

DESIGN:

Case report.

SETTING:

Tertiary care center.

PATIENT(S):

A 26-year-old woman presented with massive ascites and an increased CA-125 level suggestive of ovarian cancer.

INTERVENTION(S):

Ultrasonography, laparotomy, and bilateral ovarian cystectomy and reconstruction. Endometriosis was diagnosed postoperatively on the basis of histopathology. The patient received 6 months of treatment with a GnRH analogue.

MAIN OUTCOME MEASURE(S):

Ultrasound examination 6 months after surgery to evaluate for ascites or recurrent ovarian cysts.

RESULT(S):

Frozen sections obtained at laparotomy and ovarian cystectomy ruled out a malignancy. The final histologic report was compatible with a diagnosis of endometriosis. After 6 months of treatment with the GnRH analogue, the patient experienced a progressive reduction of the ascitic fluid and full remission after 2 years.

CONCLUSION(S):

Endometriosis associated with massive bloody ascites is an unusual occurrence. This report draws attention to this condition as a complication of endometriosis. For this reason, endometriosis

should be included in the differential diagnosis of reproductive-age women presenting with an apparent ovarian malignancy