

Recurrent Ascites In A Reproductive Age Female

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Background

While exceedingly rare, endometriosis may present with recurrent hemorrhagic ascites.

Case

A 27-year-old African American G0, with a past medical history significant for endometriosis, ovarian cysts s/p right oophorectomy, and irritable bowel syndrome, presented to the Emergency Department with a chief complaint of a syncopal event at home. On evaluation, she reported abdominal pain and distention of three months duration. A CT scan revealed a large volume of ascites, cystic areas in the left adnexa, exophytic uterine lesions, and a fluid distended endometrial cavity. In addition, minimal nodularity was noted along the anterior omentum. A pelvic ultrasound showed a dominant follicle within the left ovary and a benign appearing cyst measuring up to 4.2 cm in size. A large volume of ascites was noted, with its origin listed as being "indeterminate." A right upper quadrant ultrasound revealed several small subcentimeter hepatic cysts. On exam, the patient was noted to have a distended abdomen that was tender to palpation with a positive fluid wave sign. Speculum exam was unremarkable. Bimanual exam revealed an 8-week sized, immobile, and irregularly shaped uterus. Her uterus and right adnexa were noted to be tender to palpation.

Three weeks prior, she underwent a paracentesis at an outlying facility, where 2050 cc of "dark red fluid" was removed. A repeat paracentesis was performed at the time of presentation with another 2260 cc of fluid evacuated. Ovarian tumor markers were negative. The initial pathology report was notable for hemosiderin laden macrophages.

Conclusions

Abdominal ascites that mimics ovarian neoplasm in reproductive age females may be secondary to endometriosis.