

PICTORIAL ESSAY



Incidentally Detected Hyperreactio Luteinalis Mimicking Meig's Syndrome

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Hyperreactio luteinalis is a rare entity described by bilateral cystic ovarian enlargement during pregnancy, which is benign in nature. It is caused due to elevated human gonadotropins and is often associated with conditions such as gestational trophoblastic disease, foetal hydrops and multiple gestations. It can be easily mistaken for a neoplasm and hence may be operated upon unnecessarily.

Here, we report the case of a 33-year-old primigravida with singleton pregnancy, who presented with spontaneous onset of significant vulvar oedema. The abdomen was overdistended. Ultrasound showed singleton, normally growing foetus and large bilateral multiloculated ovarian cysts of around 15 cm on each side, ascites and pleural effusion. Pleural effusion was also visualized on chest X-ray (Fig. 1). MRI 3D confirmed these findings showing a characteristic "bunch of grapes" appearance (Figs. 2, 3). The patient was symptomatically managed and the size of the cysts regressed nearing term.

At 38 weeks, she was taken up for Caesarean section due to failed induction; ovarian cystectomy was also performed. Intraoperatively, the size of the ovaries was found to be 6 cm on each side (Fig. 4). Histopathological examination of the cyst wall was done. The histopathological findings showed the cyst wall lined by luteinised granulosa cells with eosinophilic cytoplasm and ovarian stroma with clusters of luteinised cells suggestive of a large solitary luteinised follicular cyst of pregnancy (Fig. 5).

Awareness about the condition and systematic antenatal evaluation and follow-up can prevent unnecessary radical surgery.

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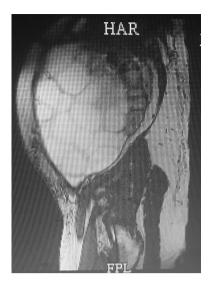


Fig. 3 MRI 3D showing the multicystic lesions with characteristic "bunch of grapes" appearance occupying the entire abdominal cavity

Fig. 1 Chest X-ray at the time of symptomatic presentation at 24 weeks showing bilateral pleural effusion (R > L)

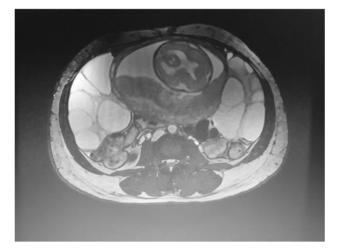


Fig. 2 MRI pelvis showing bilateral adnexa with multicystic lesions of 15 cm size and a singleton pregnancy

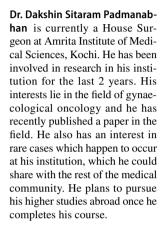


Fig. 4 Intraoperative picture of the cystic ovaries which regressed to a size of 6 cm at term

Informed consent Informed consent was obtained from the patient in this report. Written consent has been taken from her for reporting this case and care has been taken not to divulge any identifying information.

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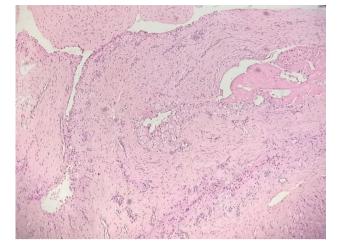


Fig. 5 Histopathological slide of the cyst wall lined by luteinised granulosa cells with eosinophilic cytoplasm and ovarian stroma with clusters of luteinised cells

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Compliance with ethical standards

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Conflict of interest All authors declare that they have no conflict of interest, financial or otherwise.