

## Hemorrhagic ascites and pleural effusion: an uncommon presentation of endometriosis

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**Case report:** We present a case of a 29-year-old woman with a history of primary infertility and laparoscopic excision for recurrent ovarian endometrioma. She presented to the emergency department for asthenia, abdominal swelling and pain. On examination she was stable with signs of massive ascites and right-sided pleural effusion.

This was confirmed on ultrasound scan and computed tomography. Paracentesis was done revealing a bloody ascitic fluid. She declined a pleurodesis for the pleural effusions. The patient was treated with a GnRH analogues.

**Conclusion:** This case highlights the importance of evoking endometriosis in reproductive-age women presenting with a massive ascites, with or without pleural effusions in differential diagnosis. Treating these patients can be difficult as they are usually of childbearing age and nulliparous and so wish to preserve their fertility based on conservative surgery and suppressing ovarian function with mainly GnRH agonist

**Keywords:** Endometriosis, hemorrhagic ascites, pleural effusion, hemothorax