A case of POEMS syndrome presenting as massive ascites

POEMS syndrome is a rare multisystemic disorder characterized by polyneuropathy, organomegaly, endocrinopathy of various forms, monoclonal proteins and skin changes. Although there is no established definition of this syndrome, classic common features are considered to be secondary to the plasma cell dyscrasia with the production of a monoclonal component. Anasarca including ascites, peripheral edema and pleural effusion occurs frequently in POEMS syndrome. But the cases with massive or refractory ascites have been rarely reported. We report a patient with POEMS syndrome in whom massive ascites was the main clinical problem.

A 62-year-old man was admitted with abdominal distension and dyspnea for 4 months. On physical examination, there were massive ascites and marked peripheral edema. He showed some skin lesions including erythematous papules on his chest, hyperpigmentation on both lower legs, scleroderma-like thickening and leukonychia. Neurological examination revealed decreased peripheral sensory functions, absent deep tendon reflexes of the lower extremities, generalized muscle wasting and motor weakness of the upper and lower extremities. Abdominal ultrasonography showed massive ascites, splenomegaly, and markedly increased echogenicity of both renal cortex. Electromyographic findings were suggestive of motor-sensory polyneuropathy with demyelinating type. Serum protein electrophoresis and immunoelectrophoresis showed monoclonal gammopathy of IgG-lambda. Endocrine test results were compatible with hyperprolactinemia and hypogonadism. All symptoms and signs were consistent with the diagnosis of POEMS syndrome. After admission, conservative treatment with diuretics and albumin did not diminish the ascites. The patient’s ascites and peripheral edema improved with 60 mg/dl of prednisone temporarily.

In this case, massive ascites was a main clinical features. Thus, the POEMS syndrome should be considered as a possible rare cause in patient with massive or refractory ascites.