Endometriosis is a common benign gynecologic condition characterized by the presence of functional endometrial glands and stroma outside the uterus. Its prevalence in the general female population is 6 to 10%, mostly affecting women of reproductive age. However, 2-5% of endometriosis has been reported in postmenopausal women, generally those with exogenous estrogen exposure. Typical presentations include cyclic pelvic pain and infertility. Attendant massive ascites is very rare and only a few cases have been reported so far. Its pathogenesis remains speculative. Hence, the condition remains to be a diagnostic dilemma especially with a concomitant pelvic mass that primarily suggest a malignancy. Laparotomy and histopathologic confirmation of the diagnosis are crucial.

A 72 year old para 6 is hereby reported who experienced rapidly increasing abdominal girth over a period of 2 months. Sonography showed bilateral pelvoabdominal masses, probably ovarian in nature. She claimed no history of previous or current use of exogenous hormones. On laparotomy, 23 liters of chocolate-like ascitic fluid was drained. Both ovaries and fallopian tubes were grossly normal. A 20 x 20 cm cystic mass was attached to the cul-de-sac, partially obliterating the space. Total hysterectomy, bilateral salpingo-oophorectomy and excision of cystic wall were done. Frozen section of the cystic wall was benign and histopathology confirmed endometriosis.