Ascites

- Collection of excess of free fluid in the peritoneal cavity (>25 L) causes symptoms.

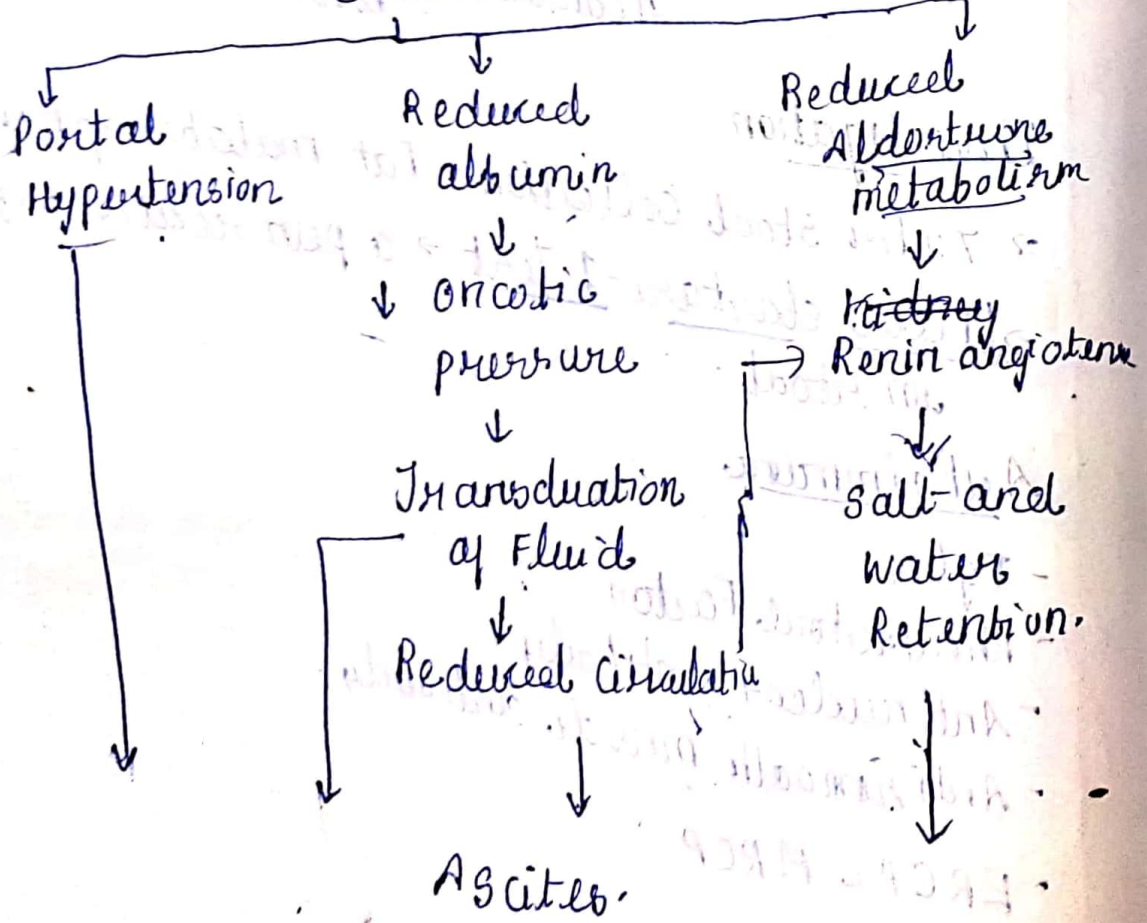
Causes:

Serum Ascites albumin gradient < 1.1 g/dl
(Serum Albumin - Ascites albumin).

Low SAAG (Exudative)	High SAAG (Transudative) (Portal venous)
- Pancreatic ascites - Bowel Infective - Tuberculosis - Nephrotic syndrome - Hepatoma.	- Budd chiari syndrome - Cardiac failure - Cirrhosis of liver - Constrictive pericarditis - Malnutrition - Meigs syndrome

Pathophysiology

OF Transudative Cirrhosis.



OF Exudates → Pancreas → Pseudocyst → abscess.

Clinical Features

- Abdominal distension, Flank distension.
- Umbilicum becomes everted.
- Striae develop during distension.
- Shifting dullness, if fluid above 600ml.
- Fluid thrill.
- If less than 200ml it can be detected by "Puddle sign" in knee elbow position.

Meig's Syndrome

→ Ascites, Pleural effusion, Ovarian tumor.

D/D: Differentiated from localized collections such as cysts, abscess, hydronephrosis.

Investigation

→ Ultrasonography

→ Chest Xray - Pleural effusion

→ SAAG → ≥1.1 g/dl → Transudate

↳ <1.1 g/dl → Exudate

→ ↑ AFP in hepatocellular carcinoma.

→ Paracentesis → Aspiration of Peritoneal fluid

Management

- Treatment of underlying cause.