

# Ascites

## Ascites

- Accumulation of ascites is a common feature of advanced liver disease irrespective of the aetiology. Development is usually insidious and fluid accumulation is associated with abdominal discomfort and a dragging sensation. CT will confirm the aetiology of the ascites and demonstrate the irregular, shrunken cirrhotic liver, associated portal hypertension and splenomegaly. Intravenous contrast will demonstrate abdominal varices and assess patency of the portal vein. Portal vein occlusion is a common finding and in non-cirrhotic patients malignancy is usually responsible. The protein content and amylase levels will exclude pancreatic ascites and determine the serum-ascites albumin gradient (SAAG), with a high gradient ( $>1.1$  g/dL) indicating portal hypertension. Cytology may confirm the presence of malignant cells, and microscopy and culture will Chapter 65 ). Summary box 69.11 Determining the cause of ascites Management of ascites in chronic liver disease The initial treatment is to restrict salt intake and commence diuretics (spironolactone or frusemide), together with advice on avoiding precipitating factors, including alcohol intake, infection and causes of hypoproteinaemia. Patients on diuretics require regular biochemical monitoring. Summary box 69.12 Treatment of ascites in chronic liver disease

Imaging, ultrasonography Aspiration or CT Culture and microscopy Irregular cirrhotic liver Protein content Portal vein patency Cytology Splenomegaly of Amylase level cirrhosis Salt restriction Peritoneovenous shunts Diuretics TIPSS Abdominal paracentesis Liver transplantation

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