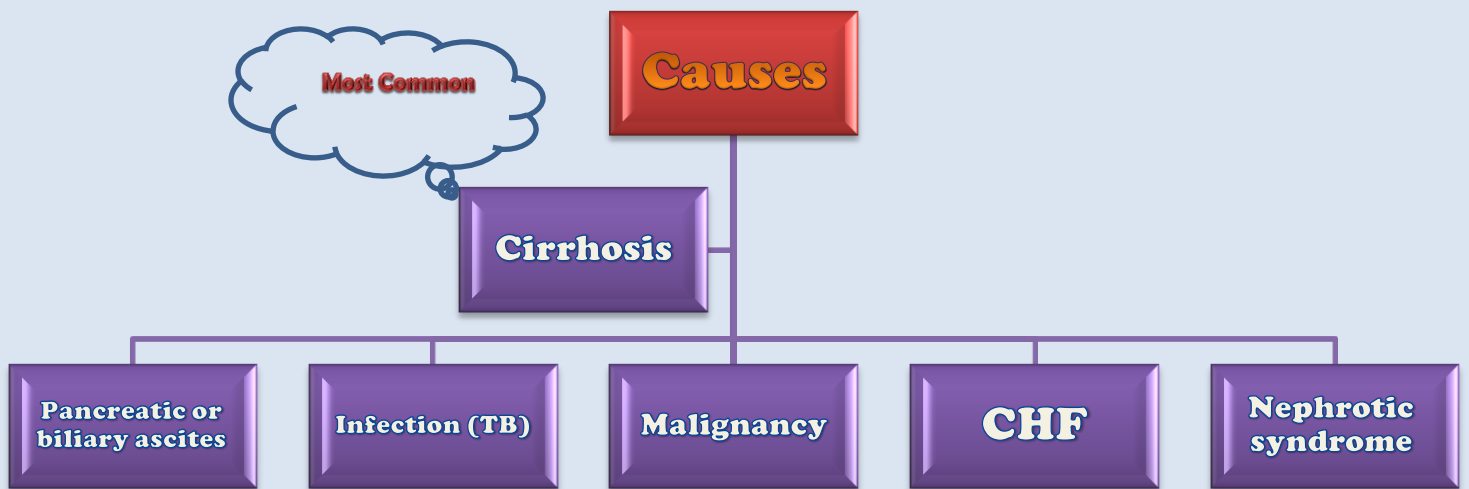


Ascites

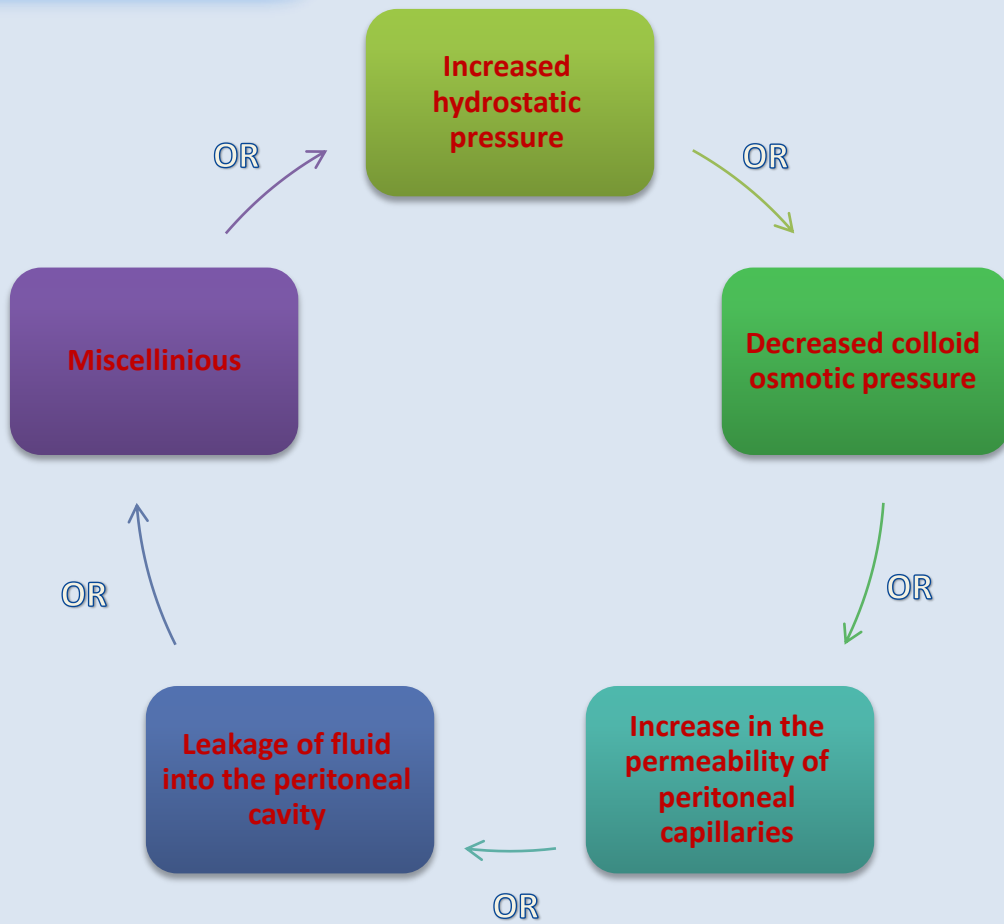
Ascites: describes pathologic fluid accumulation within the peritoneal cavity.

Most patients (85%) with ascites have **cirrhosis**.

The most common causes of cirrhosis at the present time are chronic viral hepatitis and alcoholic liver disease.



Pathogenesis



Cirrhotic Ascites

The most recent theory of ascites formation, the "peripheral arterial vasodilation hypothesis,"

This happens as a consequence of **portal hypertension**

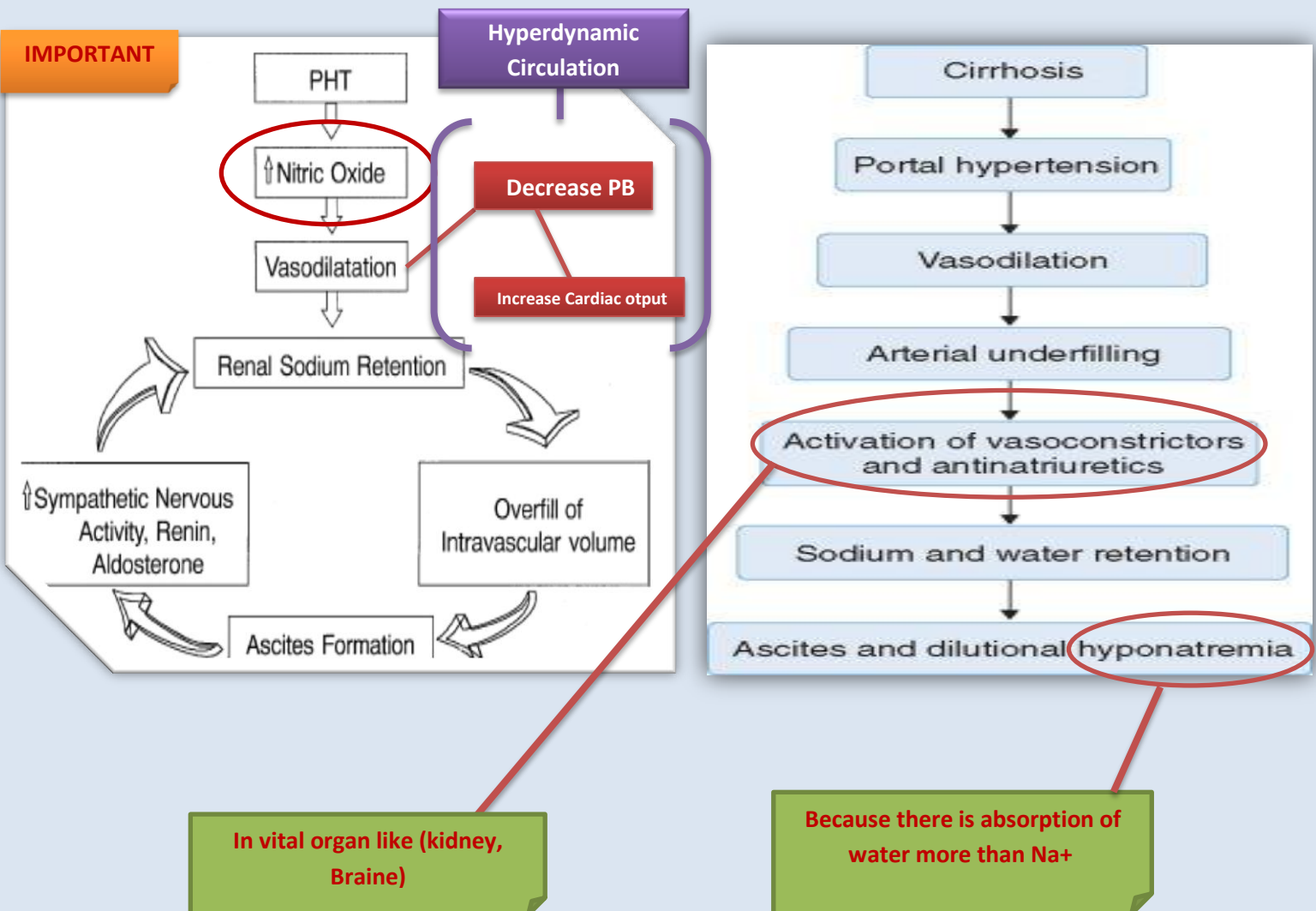
Conte....

PORTAL HYPERTENSION

- ▶ Normal, uncorrected pressure in the portal vein ranges from 5 to 10 mm hg. Gradient of 2-6.*
- ▶ Portal HPN present when gradient > 12 mmhg.

Gradient means the difference between portal vein and IVC

IMPORTANT



In vital organ like (kidney, Braine)

Because there is absorption of water more than Na+

To differentiate between cirrhotic and noncirrhotic ascites (cirrhotic ascites **painless**) , (noncirrhotic ascites **painful**)

Noncirrhotic Ascites

(Nonportal hypertensive ascites)

Malignancy-related ascites depends on the location of the tumor
eg. **Infection (TB), CHF, Nephrotic syndrome**

CLINICAL FEATURES

History:

- Ascites frequently develops as part of the patient's first **decompensation of liver disease**
- It can be associated with other features of liver decompensation such as jaundice or encephalopathy.
- Risk factors for viral hepatitis.
- NASH from long-standing obesity. (Non-alcoholic steatohepatitis)
- Alcohol intake