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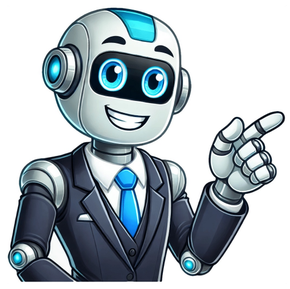

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Explore our latest gallery of Editors’ Picks.Browse Editors' FavoritesExperience AI-Powered Creativity Abnormal build-up of fluid in the abdomen Medical conditionAscitesOther namesPeritoneal cavity fluid, peritoneal fluid excess, hydroperitoneum, abdominal dropsy[1]The abdomen of a person with cirrhosis that has resulted in massive ascites and prominent superficial veinsPronunciation/əˈsaɪtiːz/, ə-SY-teez[2] SpecialtyGastroenterology, general surgerySymptomsIncreased abdominal size, increased weight, abdominal discomfort, shortness of breath[3]ComplicationsSpontaneous bacterial peritonitis, hepatorenal syndrome, low blood sodium[3][4]CausesLiver cirrhosis, cancer, heart failure, tuberculosis, pancreatitis, blockage of the hepatic vein[4]Diagnostic methodPhysical exam, ultrasound, CT scan[3]TreatmentLow-salt diet, medications, draining the fluid[3]MedicationSpironolactone, furosemide[3]Frequency>50% of people with cirrhosis[4] Ascites (/əˈsaɪtiz/;[5] Greek: ἀσκός, romanized: askos, meaning "bag" or "sac"[6]) is the abnormal build-up of fluid in the abdomen.[1] Technically, it is more than 25 ml of fluid in the peritoneal cavity, although volumes greater than one liter may occur.[4] Symptoms may include increased abdominal size, increased weight, abdominal discomfort, and shortness of breath.[3] Complications can include spontaneous bacterial peritonitis.[3] In the developed world, the most common cause is liver cirrhosis.[4] Other causes include cancer, heart failure, tuberculosis, pancreatitis, and blockage of the hepatic vein.[4] In cirrhosis, the underlying mechanism involves high blood pressure in the portal system and dysfunction of blood vessels.[4] Diagnosis is typically based on an examination together with ultrasound or a CT scan.[3] Testing the fluid can help in determining the underlying cause.[3] Treatment often involves a low-salt diet, medication such as diuretics, and draining the fluid.[3] A transjugular intrahepatic portosystemic shunt (TIPS) may be placed but is associated with complications.[3] Attempts to treat the underlying cause, such as by a liver transplant, may be considered.[4] Of those with cirrhosis, more than half develop ascites in the ten years following diagnosis.[4] Of those in this group who develop ascites, half will die within three years.[4] The Latin ascites, originally from Greek (askites [ασκίτης]), meant "bag-like dropsy," from askós (άσκός), a leather bag or sheepskin (“wineskin”) used for carrying wine, water or oil.[7] Mild ascites is hard to notice, but severe ascites leads to abdominal distension. People with ascites generally will complain of progressive abdominal heaviness and pressure as well as shortness of breath due to mechanical impingement on the diaphragm.[8] Ascites is detected with physical examination of the abdomen by visible bulging of the flanks in the reclining person ("flank bulging"), "shifting dullness" (difference in percussion note in the flanks that shifts when the person is turned on the side), or in massive ascites, with a "fluid thrill" or "fluid wave" (tapping or pushing on one side will generate a wave-like effect through the fluid that can be felt in the opposite side of the abdomen). Other signs of ascites may be present due to its underlying cause. For instance, in portal hypertension (perhaps due to cirrhosis or fibrosis of the liver) people may also complain of leg swelling, bruising, gynecomastia, hematemesis, or mental changes due to encephalopathy. Those with ascites due to cancer (peritoneal carcinomatosis) may complain of chronic fatigue or weight loss. Those with ascites due to heart failure may also complain of shortness of breath as well as wheezing and exercise intolerance. Causes of high serum-ascites albumin gradient (SAAG or transudate) are:[9] Cirrhosis – 81% (alcoholic in 65%, viral in 10%, cryptogenic in 6%) Heart failure – 3% Hepatic venous occlusion: Budd–Chiari syndrome or veno-occlusive disease Constrictive pericarditis Kwashiorkor (childhood protein-energy malnutrition) Causes of low SAAG ("exudate") are Cancer (metastasis and primary peritoneal carcinomatosis) – 10% Infection: Tuberculosis – 2% or spontaneous bacterial peritonitis Pancreatitis – 1% Serositis Nephrotic syndrome[10] Hereditary angioedema[11] Ascites in a person with abdominal cancer as seen on ultrasound Liver cirrhosis with ascites Routine complete blood count (CBC), basic metabolic profile, liver enzymes, and coagulation should be performed. Most experts recommend diagnostic paracentesis if the ascites is new or if the person with ascites is being admitted to the hospital. The fluid is then reviewed for its gross appearance, protein level, albumin, and cell counts (red and white). Additional tests will be performed if indicated such as microbiological culture, Gram stain, and cytopathology.[9] The serum-ascites albumin gradient (SAAG) is probably a better discriminant than older measures (transudate versus exudate) for the causes of ascites.[12] A high gradient (> 1.1 g/dL) indicates the ascites is due to portal hypertension. A low gradient (8 mmHg, usually around 20 mmHg[18] (e.g., due to cirrhosis), while exudates are actively secreted fluid due to inflammation or malignancy. As a result, exudates are high in protein and lactate dehydrogenase and have a low pH (78-mmol/day sodium excretion).[26] Diuretic resistance: Diuretic resistance can be predicted by giving 80 mg intravenous furosemide after 3 days without diuretics and on an 80 mEq sodium/day diet. The urinary sodium excretion over 8 hours