

## Clinical Pearl

### Bedside Diagnostic approach to Ascites

Ascitic Fluid albumin and Serum albumin report may be assessed bedside to evaluate etiology of ascites. SAAG = serum albumin – ascites fluid albumin

- A serum albumin ascites gradient (SAAG)  $\geq 1.1$  g/dL is highly suggestive of portal hypertension, usually caused by liver disease with an accuracy of approximately 97%. A high ascitic fluid protein ( $>2.5$  g/dL) supports a cardiac cause for ascites. Other causes are portal vein thrombosis and hypothyroidism, Veno-occlusive disease, Hepatic vein obstruction (ie, Budd-Chiari syndrome), Congestive heart failure, Nephrotic syndrome, Malnutrition, Ovarian tumors, Biliary ascites.
- A SAAG  $<1.1$ g/dl excludes portal hypertension suggests other causes of ascites. Other causes could be Tuberculosis, Peritoneal carcinomatosis, pancreatitis, bowel perforation. Pancreatic ascites is a rare complication of pancreatitis, although more common when a pseudocyst is present. In pancreatic ascites, the amylase level in the ascitic fluid is typically  $>1000$  IU/L or greater than six times the serum amylase. Raised polymorphonuclear leucocytes (PMN) count may also be found in pancreatic ascites. Systemic lupus erythematosus, Sarcoidosis, Henoch-Schönlein purpura, Eosinophilic gastroenteritis, Whipple disease, Endometriosis

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