Introduction: Ascites is free fluid within the peritoneal cavity. Common clinical, radiological and pathological features form the basis collectively referring to a complex group of disorders as the ascites. The prominent feature in ascites is fluid collection in abdomen. Which produces abdominal distention. Diagnosis can be made by the combination of clinical and ultrasound features. Abdominal paracentesis is not required in most of the cases. Development of ultrasound (USG) fluid collection in abdomen. Fluid collection in abdomen. Ascitic fluid analysis was done in all 13 patients. In most of the cases Total count (TC), Differential count (DC), and peritoneal tuberculosis (2%)1. In our study 63% of cases of ascites is due to cirrhosis. 20% of cases is due to Tuberculosis of abdomen,13% of cases is due to pancreatitis, each 6% of cases is due to viral fever (dengue) and congestive heart failure (CHF). Comparative to western studies of ascites where peritorial malignancy is second common cause for ascites but in our study conducted in developing country like India showing infectious diseases are second common causes of ascites.

Cirrhosis is the commonest cause of ascites in the Western world 75%, followed by peritoneal malignancy (12%), cardiac failure (5%) and peritoneal tuberculosis (2%). In our study 63% of cases of ascites is due to cirrhosis. 20% of cases is due to tuberculosis of abdomen, 13% of cases is due to pancreatitis, each 6% of cases is due to viral fever (dengue) and congestive heart failure (CHF). Comparative to western studies of ascites where peritoneal malignancy is second common cause for ascites but in our study conducted in developing country like India showing infectious diseases are second common causes of ascites.

Material and Methods: A study of total 15 patients was done. This was a retrospective, observational, epidemiological study. Patient initially suspected to have ascites, undergo ultrasound (USG) abdomen. Patient who were confirmed by ultrasound (USG) have ascites, were included in this study. Careful history; general and systemic examination was done followed by ultrasound (USG) examination, ascitic fluid analysis including routine liver function tests, renal function test, acid fast bacilli, gram stain, culture and sensitivity were carried out in patient with ascites. Ultrasound (USG) abdomen, ascitic fluid analysis like as ascitic fluid amylase, lipase, Total count (TC), Differential count (DC), glucose, proteins and Adenosine Deaminase (ADA) levels were also done in all patients.

Results: The mean age of the patient presented with ascites was 40 years in our study. In our study 40% were female patients. Most of the patients presented with progressive abdominal distension and abdominal pain. In gastro intestinal system examination 60% had tenderness in epigastric and illiac fossa region. Ultrasound (USG) abdomen was carried out in all cases. A confirmed diagnosis of ascites made with ultrasound (USG) abdomen. In our study prominent ultrasound (USG) feature is 100% of cases having fluid collection in abdomen. Ascitic fluid analysis was done in all 13 patients. In most of the cases Total count (TC), Differential count (DC), glucose, proteins and ADA done. 13% of cases showing raised amylase and lipase levels, 20% of cases having raised Adenosine Deaminase (ADA) levels seen. In our study 63% of cases of ascites is due to cirrhosis. 20% of cases is due to Tuberculosis of abdomen, 13% of cases is due to pancreatitis, each 6% of cases is due to viral fever (dengue) and congestive heart failure (CHF).

Discussion: Ascites is free fluid within the peritoneal cavity.

Progressive abdominal distention was present in 80% of cases. Abdominal pain was found in 40% cases in present study. In Tb peritonitis causing ascites symptomsatology mainly includes (i) constitutional symptoms in about one-third of patients (fever, malaise, anaemia, night sweats, loss of weight, weakness), and (ii) local symptoms and signs referable to the site involved. Raised jugular venous pressure (JVP), pedal oedema, bilateral basal
Crepitations present in heart failure patients. Patients with viral fevers with mild ascetic fluid having low platelet count and bleeding manifestations present.

**Conclusion:** Our study suggests that Ascites is common in India. Ascites must be suspected in patients with specific symptoms, signs and further investigations like USG test and blood investigations should be done. A good clinician can make accurate diagnosis of Ascites without paracentesis with a high specificity (>90%) following detailed clinical assessment.

![Diagram representing cirrhosis of liver with ascites](image)

**References:**

5. Braunwald’s Heart Disease, a textbook of cardiovascular medicine, chap 24 diagnosis and management of acute heart failure g. michael felker and john r. teerlink page 491.