

Ascites

MCQs

- A 65-year-old man with liver cirrhosis of unknown cause is reviewed in clinic. Which one of the following factors is most likely to indicate a poor prognosis?
 - a. Alanine transaminase > 200 u/l
 - b. Caput medusae
 - c. Ascites**
 - d. Gynecomastia
 - e. Splenomegaly

- Examination of ascitis all are true except?
 - a. Presence of fluid thrill
 - b. Presence of percussion dullness
 - c. Treatment needs lasix and aldactone
 - d. Presence of flapping tremors
 - e. Ballotment can be present**

- Which of the following are not consistent with primary(spontaneous) bacterial peritonitis?
 - a. Abdominal discomfort and fever
 - b. Ascitic fluid neutrophil count of > 250x10⁶ cells/L
 - c. Ascitic fluid WBC count of > 500x10⁶ cells /L
 - d. Multiple organisms on culture and sensitivity of ascitic fluid**
 - e. Deterioration of clinical case

- Patient with liver cirrhosis come with tense ascitis and bilateral lower limb edema and diffuse abdominal pain , ascetic fluid analysis was : 750 wbcs with 90% polymorphonuclear cells and 3 g/dl albumin , what is treatment and negative gramstain

? Ceftriaxone IV (spontaneous bacterial peritonitis)

- Most common cause of spontaneous peritonitis: **A. E. Coli**

- In treatment of patients with Spontaneous Bacterial peritonitis, all of the following are true except:
 - A. Initiate therapy when ascitic fluid Neutrophils > 250/mm²
 - B. Majority sterile at presentation (culture negative)
 - C. Gentamicin is the drug of choice ?**
 - D. Treat for at least 5 days
 - E. 30% of patients are Asymptomatic at presentation and during follow up

- Edema, ascites , enlarged liver and venous pressure of 180mm. of saline suggest:

A. Laennec's cirrhosis

B. Congestive heart failure

C. Interior vena caval obstruction

D. Acute glomerulonephritis

E. Cirrhosis of the liver

- Low SAAG :

Liver cirrhosis

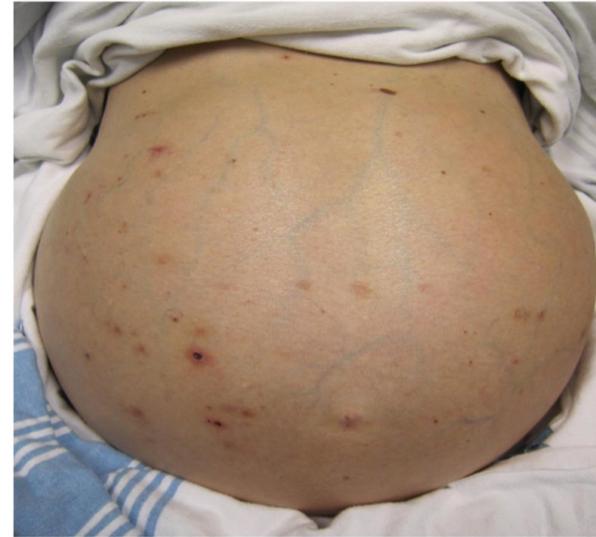
Heart failure

Malignancy

Mini-OSCE

Q 10 : patient with this picture , which one we don't depend on in the prognosis of case ?

- Encephalopathy
- Degree of ascites
- Albumin
- **Platelet**
- Bilirubin



Q1 - This 60 year old male has a long history of alcoholism. All of the following are important factors in assessing his mortality rate except?

- a. Very high ALT and AST (>1000)**
- b. Albumin level
- c. Presence of encephalopathy
- d. Prolonged PT
- e. Bilirubin level



Q13 : serum protein = 53 serum albumin = 3.8 ascites fluid protein = 50
ascites albumin = 2.3 , calculate the SAAG ?

■ 0.5

■ 1.5

■ 2.5

■ 3

■ 6

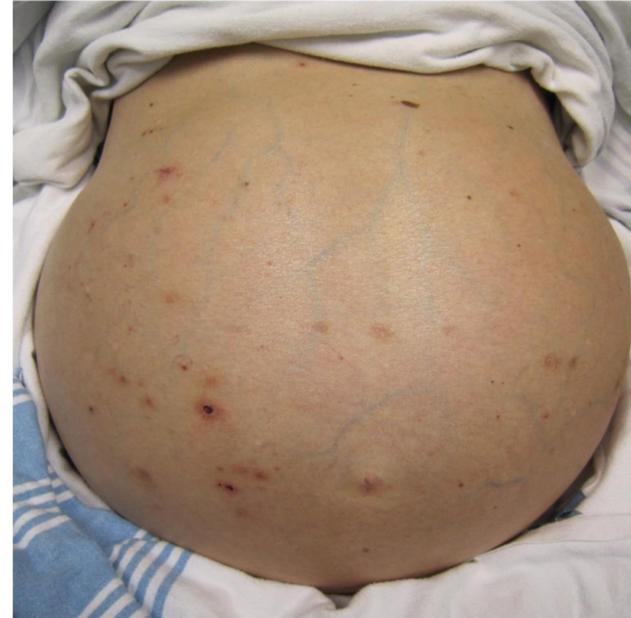
SAAG = Serum Albumin - Ascites Albumin

In this case:

SAAG = 3.8 - 2.3 = 1.5 g/dL

NOTE :

(you calculate from
albumin values not
protein one !)



Q1: calculate SAAG

2.8-2.2 = 0.6

Q2 : what is your Dx ?

spontaneous bacterial
peritonitis

Ascitic fluid analysis :

- **serum protein** : 2.8

- **ascitic protein** : 2.2

- **WBC** : 501

- **PMN** : 90%

Albumin

1- A 30 year old male patient , prolonged PT , presented with abdominal discomfort and shortness Of breath . On ultrasound was found to have extensive ascites . The likely cause of this Presentation is ?

- a. **Liver cirrhosis**
- b. Heart failure
- c. Renal failure
- d. Pulmonary hypertension
- e. Acute peritonitis



the definitive diagnosis of spontaneous bacterial peritonitis

paracentesis with ascitic fluid absolute neutrophils count > 250
cell /mm³