ECHOCARDIOGRAPHIC ASSESSMENT OF LEFT VENTRICULAR FUNCTIONS & ASSOCIATED PERICARDIAL EFFUSION IN PATIENTS WITH ASCITES

A Thesis Submitted in partial fulfilment for Master Degree in Internal medicine

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LIST OF ABBREVIATION

Alb. Albumin

ADH Anti-diuretic hormone

Alk.Ph. Alkaline phosphatase

ALT Alanine aminotranferase

COAD Chronic obstructive airway disease

Creat. Creatinine

D.I.C. Dissiminated intravascular coagulopathy

D.M. Diabetes Mellitus

DVT Deep venous thrombosis

EDD End-diastolic diameter

ESD End-systolic diameter

G.B. Gall bladder

L.D.H. Lactate dehydrogenase

L.L. Lower limb

Lt.V. Left ventricle

L.V. Left ventricle

LVEF Left ventricular ejection fraction

M.C.L. Mid clavicular line

VIII

Pulm. Pulmonary

Rt.V. Right ventricle

S. Schistosoma

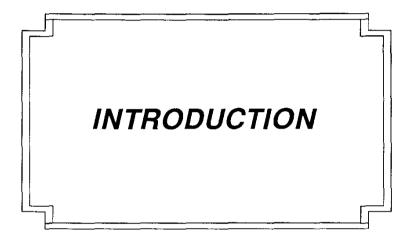
S.B.P. Spontaneous bacterial peritonitis

S.D. Standard deviation

T.B. Tubercle bacilli

T.Bil. Total bilirubin

T.Pr. Total protein



INTRODUCTION AND AIM OF THE WORK

Fluid accumulation in the pericardial cavity and other serous spaces has been noted in patients with fluid retention states as in heart failure, hypoalbuminaemia and nephrotic syndrome.

Fluid retention in patients with decompensated liver cirrhosis is accompanied by oedema and hydrothorax. In the last group, it has not been properly studied whether pericardial effusion occurs in such patients or not.

On the other hand, results of echocardiographic assessment of LV functions in patients with ascites secondary to hepatic cirrhosis were variable.

The aim of the present work was to throw a light on the prevalence of pericardial effusion in patients with ascites secondary to hepatic cirrhosis and to revise the possibility of LV dysfunction in those patients using a sensitive and specific method for assessment which is echocardiography.

