ASCITIC FLUID ANALYSIS FOR THE DIFFERENTIATION OF MALIGNANCY - RELATED AND NONMALIGNANT ASCITES

Thesis
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Introduction:

To the best of our knowledge, the differential diagnosis between malignant and non-malignant ascites remains a clinical problem. Cytological examination despite its high specificity (100% specific) has a low sensitivity of 40-60% ***(Dekker et al., 1978)***.

Many laboratory parameters such as the levels in the ascitic fluid of protein ***(Sampliner et al., 1974)***, pH ***(Gitlin et al., 1982)***, lactate ***(Brook et al., 1981)***, leukocytes ***(Boyer et al., 1978)***, glucose ***(Polak et al., 1973)*** amylase ***(Barmeirs et al., 1979)***, carcinoembryonic antigen ***(Nystrom et al., 1977)***, and cholesterol ***(Jungest et al., 1986)***, have been used but are unsatisfactory.

Recently, high concentrations of fibronectin were found in malignant ascites and serum ascites albumin concentration gradient (i.e., the difference between the concentrations of albumin in the serum and ascites) were reported to be useful in the differential diagnosis of ascites ***(Lee et al., 1992)***.

Aim of the Work:

The aim of this work is to compare the value of serum-ascites albumin concentration gradient and fibronectin level in ascites and other four parameters (cholesterol, albumin, LDH, and total protein levels in the ascites) in a trial to find the best and most sensitive combination to differentiate malignancy related from non-malignant ascites.

REVIEW OF LITERATURE