



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات
لم ترد بالأصل

Surgical Management of Intractable Ascites

Essay

Submitted for Partial Fulfillment of the Master Degree in
(General Surgery)

By

Mohamed Ali Nada
(M.B., B. Ch.)

Under the supervision of

Prof. Dr. Hussein Abd El Aliem Boshnak

Professor of General Surgery
Faculty of Medicine
Ain Shams University

Dr. Adel Abd El Aziz Said

Assistant Professor
Faculty of Medicine Ain Shams University

Dr. Alaa El-Deen Abd El Hamid El Ashry

Lecturer of General Surgery
Faculty of Medicine Ain Shams University

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا

إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ)

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Introduction

Intractable ascites means the ascites that doesn't respond to medical treatment such as bed rest , salt and water restriction , diuretics and paracentesis (*Borie D.C , et al 1999*)

Ascites, generally reflect portal hypertension, and it's the commonest cause of hospitalization in patients with cirrhosis (*Watanabe A . 1997*)

In almost 10 % of patients with ascites, optimal medical treatment combining bed rest , salt & water restriction, diuretics and paracentesis is unable to induce sodium excretion and decrease the volume of ascites . In other cases , it's the medical treatment of ascites it self which induce complications such as water and electrolyte disturbance , functional renal failure and encephalopathy (*Borie D.C , et.al 1999*).

The other therapeutic armamentarium for the management of refractory ascites remains varied with the use of peritoneovenous shunts, transhepatic or surgical portsystemic anastomoses and finally liver transplantation (*Pisani Ceretti A., et al 1997*).

At the present time , each therapeutic measure must be taken while keeping in mind the possibility of subsequent liver transplantation by inappropriate treatments (*Iannitti D .A and Henderson J.M.1997*)
