

Ascites Due to Shortness of Breath

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The Case:

32 y/o female presents to my office 8/2016 with a new diagnosis of ascites. Over the course of the last three months she has developed several complaints. In May she was treated for pneumonia with a 10 day course of antibiotics, at that time she was complaining of shortness of breath, fevers, and “could not lay flat”.

The case:

Later in the summer, she developed increasing abdominal bloating and distention, which she attributed to her hx. of gastroparesis. She was seen by a gastroenterologist and diagnosed with ascites.

Initial studies:

- EGD
 - Unremarkable
- Laboratory studies
 - CBC normal
 - Plt 436 k/mm³
 - AST 10 U/L
 - ALT 6 U/L
 - T Bilirubin 0.8 mg/dL
 - Creatinine 0.75 mg/dL
 - Albumin 3.7 g/dL
 - SAAG = 1.1
 - CA 19-9 9.2 (nl < 34)
 - CA 125 2795 (nl < 35)

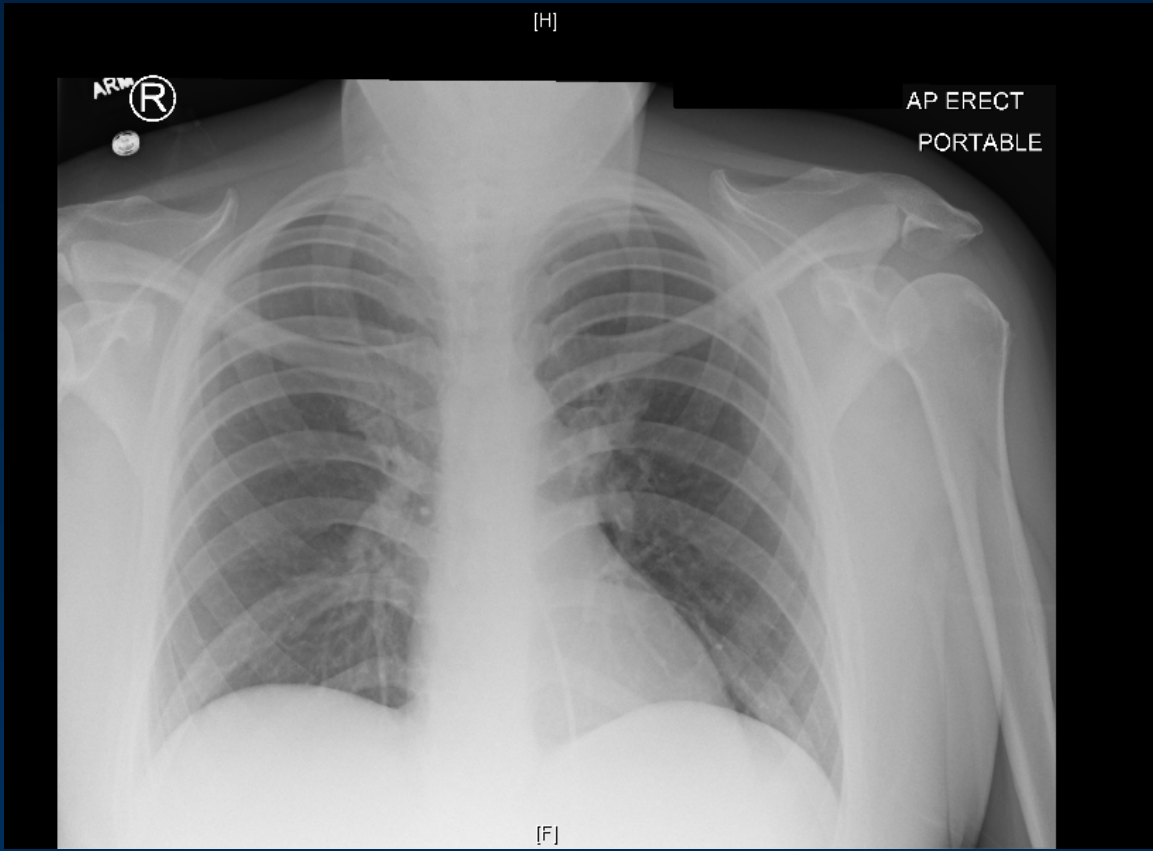
Additional details:

PMH

- Gastroparesis
- PCOS
- DM 2

Physical Exam

- Alert and appropriate
- Marked JVD
- Normal breath sounds
- Normal heart sounds no S3 or S4
- Marked abd distention with ascites
- Mild LE edema



Additional imaging:

- MRI abdomen
 - 4 sub centimeter indeterminate liver nodules “cannot rule out metastasis”
 - Marked hepatomegaly
 - Small cystic lesion left ovary
 - Marked abdominal ascites

Next steps in dx. And management?

ECHO

Vitals

Height	Weight	BSA (Calculated)	BP	Comments
177 cm (69.69")	111 kg (244 lb 11.4 oz)	2.34	109/78	

Interpretation Summary

Severe LV dysfunction, EF 10%
Spherical, dilated LV
Mild pulmonary hypertension
Mild RV enlargement, moderate dysfunction
Mild bi-atrial enlargement
Moderate mitral regurgitation
Moderate tricuspid regurgitation

Echocardiographic Findings

Left Ventricle

Normal wall thickness. Severely dilated. Shape is spherical. Severely decreased ejection fraction. Grade III (severe) left ventricular diastolic dysfunction.

Right Ventricle

Mildly dilated. Moderately reduced ejection fraction.

Left Atrium

Mildly dilated.

Right Atrium

Mildly dilated.

IVC/SVC

Severely elevated central venous pressure (>15 mm Hg).

Mitral Valve

Normal valve structure. Moderate regurgitation.

Tricuspid Valve

Normal valve structure. Moderate regurgitation.

Aortic Valve

Normal valve structure. Trace regurgitation.

Pulmonary

Normal valve structure. No regurgitation.

Liver Biopsy

1. Liver, transjugular biopsy:

Bridging portal fibrosis with focal nodularity in transition to cirrhosis (stage 3-4 of 4).

Steatosis involving 20% of hepatocytes.

Chronic inflammation in portal and septal fibrous tissue.

Sinusoidal dilatation and congestion

Key Points

- History is important
- SAAG ≥ 1.1 predicts portal htn. 97% accuracy
- Tumor markers can be elevated in non-malignant conditions

THANK YOU!