

CONCLUSION

- 1- Diuretic-intractable ascites is more common than diuretic-resistant ascites as a type of refractory ascites.
- 2- Hypotension, hepatic encephalopathy, and renal impairment are the major causes of inability to increase the dose of diuretics in diuretic-intractable ascites.
- 3- Suggested precipitating factors responsible for refractory ascites include liver failure or advancement of liver cirrhosis; infection; electrolyte imbalance such as hyponatremia and hyperkalemia; renal impairment; and superadded complications of cirrhosis such as portal vein thrombosis and hepatocellular carcinoma.

RECOMMENDATIONS

- 1- Wide scale multicenter studies are needed to evaluate the precipitating factors responsible for refractory ascites in cirrhotic patients.
- 2- Before the precise diagnosis of refractory ascites we should investigate for a superadded complication of cirrhosis such as portal vein thrombosis and hepatocellular carcinoma which may cause rapid accumulation of ascites.

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الملخص العربي

تليف الكبد أو تشمع الكبد، هو مصطلح للتعبير عن الكبد الذي استبدال نسيجه السليم بنسيج ليفي أو ندبات ويؤدي هذا الأمر الى فقدان الكبد لوظائفه وفشل الكبد. يحدث تشمع الكبد إثر الإصابة بداء كبدي مزمن، يلحق الضرر المستمر بالكبد ويسبب فشله في نهاية الأمر. وأكثر الأسباب شيوعاً للإصابة بتليف الكبد هي التهاب الكبد الوبائي من نوع (سي) خصوصاً في مصر، والتي لديها أعلى معدل انتشار في العالم، ويقدر معدل انتشار فيروس سي في عموم السكان ما بين ١٠% - ٢٢%.

حوالي ٤٠% من المرضى الذين يعانون من تليف الكبد بدون أعراض وربما يظلوا كذلك لفترات طويلة. وتليف الكبد أعراض تظهر في صورة فقدان الشهية وفقدان الوزن والإرهاق، من ناحية أخرى يمكن لتليف الكبد أن يؤدي الى مضاعفات مثل ارتفاع في نسبة الصفراء بالدم، استسقاء، التهاب الالتهاب اليربوني التلقائي الجرثومي، اعتلال الدماغ الكبدي، متلازمة الكبدية الكلوية، ونزف دوالي المريء من فرط ضغط الدم البابي. علاوة على ذلك المرضى الذين يعانون من تليف الكبد معرضون لخطر متزايد للإصابة بسرطان الكبد.

من خلال هذه الدراسة وجدنا أن حالات الاستسقاء المستعصي للعلاج تمثل ٥% - ١٠% من المرضى الذين يعانون من المرحلة المتأخرة من تليف الكبد مما يترتب عليه رفع نسبة حدوث الوفاة من ٢٠% - ٥٠% خلال عام.

الهدف من هذه الدراسة هو البحث عن الأسباب المؤدية الى عدم استجابة الاستسقاء الى العلاج الذي يتمثل في عقار مدرات البول.

تم تشخيص الحالات التي تعاني الاستسقاء المستعصي للعلاج تم عن طريق تناول التاريخ المرضي للحالات والكشف الإكلينيكي الكامل وفحص المرضى بالموجات الصوتية والتحاليل الطبية، وفي بعض الحالات تم إجراء أشعة مقطعية على الكبد وأشعة دوبلر على الوريد البابي.

ومن خلال هذه الدراسة التي أجريت على ٦٠ مريض يعانون من الاستسقاء المستعصي للعلاج تبين أن ١٣,٣% من المرضى يعانون من عدم الاستجابة لمدرات البول و ٨٦,٧% لا يتحملون الزيادة في جرعة مدرات البول بسبب الأعراض الجانبية الناتجة عن مدرات البول التي تتمثل في انخفاض ضغط الدم في ٢٨ حالة (٤٦,٦%)، حدوث الغيبوبة الكبدية في ٢٠ حالة (٣٣,٣%)، تدهور وظائف الكلى في ٤ حالات (٦,٦%).

ومن خلال هذه الدراسة وجد أن ٥٢ مريض (٨٦,٧%) يعانون من ارتفاع في نسبة الصفراء في الدم نتيجة تدهور حالة الكبد، ٩ حالات (١٥%) تعاني من التهاب اليربوني التلقائي الجرثومي، انخفاض نسبة الصوديوم في الدم في ١٦ حالة (٢٦,٦%) وارتفاع نبة البوتاسيوم بالدم في ١٢ حالة (٢٠%) بسبب استخدام عقار الداكتون.

أيضاً وجد من خلال هذه الدراسة أن ١٨ مريض (٣٠%) يعانون من سرطان الكبد و ١٢ مريض (٢٠%) يعانون من جلطة في الوريد البابي.

ومن خلال دراسة هذه النتائج تبين أن العوامل المؤدية الى الاستسقاء المستعصي في مرض تشمع الكبد هي فشل في وظائف الكبد أو التدهور في حالة التليف، التهاب اليربوني التلقائي الجرثومي، تدهور وظائف الكلى، جلطات الوريد البابي و سرطان الكبد.