Unexplained ascites in a chronic haemodialysis patient: A case report

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Abstract

Introduction: In the management of chronic haemodialysis patients, the emergence of ascites presents a notable diagnostic and therapeutic challenge. This clinical case details the presentation, investigation, and management of a chronic haemodialysis patient developing ascites, illustrating the complexities of diagnostic and therapeutic care.
Methods: We report a descriptive observation of a case involving a chronic haemodialysis patient presenting with ascites.

Case Report: The patient is a 39-year-old woman with a history of type 1 diabetes, hypertension, and well-controlled hyperthyroidism under treatment. She has been on chronic haemodialysis since January 2023, with sessions three times a week. The interdialytic weight gain was 1 kg, and residual diuresis was 400 ml/24h. On examination, the patient had massive ascites. Analysis of the ascitic fluid revealed a transudative fluid with a serum-ascites albumin gradient (SAAG) of 18. Investigations excluded tuberculosis (negative PCR for Mycobacterium tuberculosis and culture of ascitic fluid), cirrhosis, heart failure, ovarian cancer, and peritoneal carcinomatosis. Exploratory laparotomy with biopsy revealed serofibrinous peritonitis with no signs of malignancy or caseous necrosis. The management involved extending haemodialysis sessions to 5 hours and regularly performing therapeutic paracentesis. Given the endemic nature of the region, the patient was empirically started on anti-tuberculosis treatment, resulting in good clinical improvement and partial resolution of ascites over the past week.

Conclusion: In chronic haemodialysis patients presenting with unexplained ascites, a methodical approach is essential to exclude reversible conditions. Appropriate management of ascites, even in the absence of a clear etiology, remains crucial to improving patients' quality of life.