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**Correlation of serum Ascitic fluid cholestrol, LDH and ferritin in the
diagnosis of malignancy related ascites compared to conventional cytology**

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OBJECTIVES

Detection of malignant cells on cytology of ascitic fluid has been the cornerstone for diagnosis of malignant ascites. However, cytology is not a good screening tool for malignant ascites as it has a poor sensitivity. Simple tests which can be done either on ascitic fluid or serum which can help differentiate between benign and malignant causes of ascitic will be a boon which will help in solving this diagnostic dilemma. Ascitic fluid Lactate dehydrogenase, cholesterol and ferritin are good makers of malignant ascities

METHODOLOGY

Ascitic fluid cytology was done on 30 patients of malignant ascites. The good standard for malignant ascites diagnosis was histopathological examination orradiological evidence. Ascitic fluid biochemistry was done in all these thirty patients as well as thirty cases of non malignant ascites. The parameters analysed in ascitic fluid were cholesterol, lactate dehydrogenase and ferritin. These biochemical parameters were estimated in serum as well of all the sixty patients.

RESULTS & RECOMMENDATIONS

Cytology had a sensitivity of 50% and specificity of 88% for the diagnosis of malignant ascities. Ascitic fluid cholesterol, lactate dehydrogenase and ferritin had sensitivities of 70%, 74% & 100% respectively. Serum cholestrol lactate dehydrogenase and ferritin and sensitivities of 57%, 57% & 91% respectively for the diagnosis of malignant acites. Ascitic fluid ferritin / serum ferritin had a sensitivity & specificity of 71% & 83% respectively Hence it is observed that these biochemical markers in serum as well as ascetic fluid can be utilized as good screening tools for the diagnosis of malignant ascites.