Percutaneous Flexible Peritoneoscopy for Evaluation of Indeterminate Ascites

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A 46-year-old male patient was a known case of alcohol-related chronic pancreatitis with underlying chronic liver disease. He presented with fever and abdominal distension. With suspicion of spontaneous bacterial peritonitis, an ascitic fluid examination was done, which showed leukocytosis (49,491 cells/μm³), high protein (2.9 g/dl) and low glucose (5 mg/dl) levels. It was lymphocyte predominant with elevated adenosine deaminase levels (46 U/l), and culture had growth of Staphylococcus aureus, for which patient was started on sensitivity-based antibiotics. In view of persisting sepsis, ascites was drained using two 14 Fr percutaneous drain catheter placed in bilateral flanks (►Fig. 1). Despite intravenous antibiotics and drainage, the fever persisted. 18-FDG positron emission tomography (PET) revealed nonuniform peritoneal uptake. A PET-guided fine needle aspiration from peritoneal lesions was inconclusive. No peritoneal deposits were visualized on endoscopic ultrasound (EUS). With no definite etiology of ascites, we decided to do a flexible peritoneoscopy under conscious sedation. The previously placed drain was removed over a guidewire, and a 5.8-mm ultrathin endoscope was inserted into the peritoneum over the catheter tract (Video 1). Carbon dioxide was used for insufflation. The visceral peritoneum was observed to be inflamed and friable with fibrinous exudate (►Fig. 2). No peritoneal deposits were observed, and the peritoneal cavity was flushed and cleaned with saline. Antibiotics were continued and the patient gradually improved. The drains were subsequently removed, and patient is doing well on follow-up without recurrence of ascites or fever.
lowering of the arrhythmia threshold, increased blood pressure, pulse and cardiac output.\textsuperscript{3}

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**Conflict of Interest**
None declared.

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**Fig. 1** CT abdomen: infected ascites drained with bilateral flank percutaneous drains.

**Fig. 2** Flexible peritoneoscopy shows inflamed peritoneum with fibrinous exudates.

**References**