



| Signs | Number of patients | Percentage % |
|------------------------|--------------------|--------------|
| Ascites | 47 | 94 |
| Fever | 40 | 80 |
| Pallor | 39 | 78 |
| Abdominal tenderness | 24 | 48 |
| Splenomegaly | 5 | 10 |
| Hepatomegaly | 4 | 8 |
| Peripheral lymph nodes | 4 | 8 |

Most common physical findings of the patients in our study was ascites (94%), fever (80%), anemia and abdominal tenderness (48%). other findings on physical examination were splenomegaly (10%), hepatomegaly (8%) and peripheral lymph nodes in (8%).

Table 4: Clinical findings of the patients.

| Test | Number of patients tested | Positive UbX]b [g | Percentage% |
|------------------------------------|---------------------------|-------------------|-------------|
| Hemoglobin (g%) <10 | 50 | 40 | 80 |
| Raised ESR >60 | 50 | 38 | 76 |
| WBC count /mm ³ >10,000 | 50 | 36 | 72 |
| Mantoux test | 50 | 20 | 40 |
| Serum albumin level(g/dl)<3 | 50 | 30 | 60 |
| Sputum for AFB | 50 | 7 | 14 |
| Tumor markers | 50 | 10 | 20 |

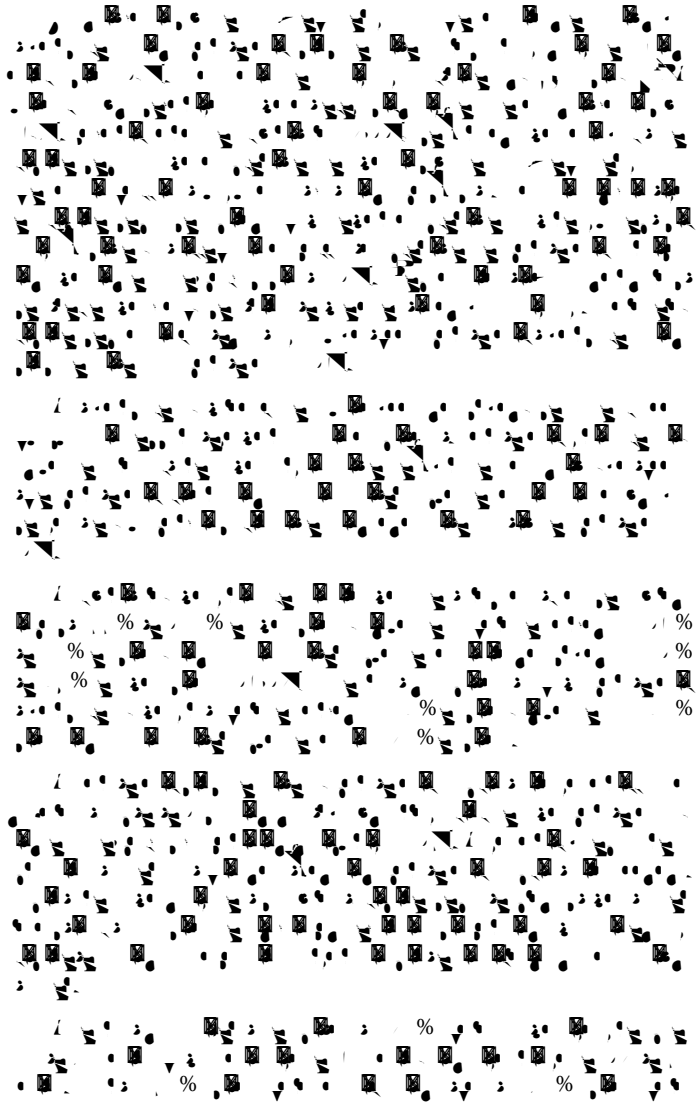
Low hemoglobin was most common laboratory finding in our study (80%) cases. Raised ESR and WBC count were seen in (76%) and (72%) patients respectively. low serum albumin was found in (60%) of cases, mantoux test was positive in (40%) of patients. sputum microscopy for AFB was positive in (14%) cases.

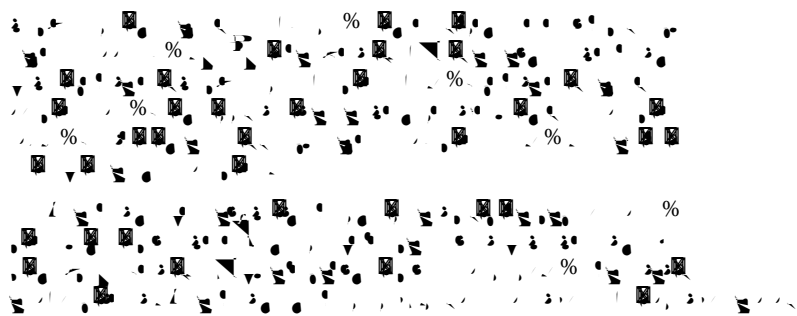
Table 5: Laboratory results of patients.

| Color | Number of patients | Percentage % |
|-------------|--------------------|--------------|
| Yellowish | 46 | 92 |
| Hemorrhagic | 4 | 8 |

Table 6: Ascetic fluid analysis (Gross Appearance).

| Test | Number of patient tested | Number of patients k]h` dcg]h]j j' UbX]b [g | Percentage |
|------------------|--------------------------|---------------------------------------------|------------|
| Lymphocytosis | 40 | 30 | 75 |
| SAAG(<1.1 g/dl) | 40 | 38 | 95 |
| Z and N staining | 40 | | |
| | | | |
| | | | |





- 100, %
- 100, %
- 100, %
- 100, %

Conclusion

Diagnostic laparoscopy is a minimally invasive surgical procedure that allows for direct visualization of the abdominal cavity. It is particularly useful in the diagnosis of ascites of undetermined etiology, as it allows for the identification of the underlying cause of the fluid accumulation. In this prospective study, diagnostic laparoscopy was found to be a valuable tool in the diagnosis of ascites, with a high sensitivity and specificity. The procedure is well-tolerated and has a low risk of complications. The findings of this study suggest that diagnostic laparoscopy should be considered as a first-line diagnostic modality in the evaluation of ascites of undetermined etiology.

References

- 1.