Ascites

Is the name given to fluid inside the fetal abdomen.

All humans have a small amount of fluid inside the abdomen. This keeps the bowel moist and allows loops of bowel to move over each other with causing friction. Ascites therefore implies that there is an excess of this fluid.

Causes
Ascites can be isolated or as part of an excess build of fluid elsewhere in the fetus. If it is present in more than one system it is termed hydrops. Hydrops is caused by conditions such as rhesus disease or as a result of structural problems, chromosome disorders, anaemia, heart anomalies and infections for more information see hydrops.

Isolated ascites is relatively rare and the most common cause will be following bowel rupture. In childhood the commonest cause of bowel rupture or perforation will be following appendicitis. This is a problem because of the associated infection. The fetal bowel has no bacteria and as such perforation is less of a problem and usually results in the defect healing. However perhaps the commonest underlying cause of a bowel perforation in utero is the medical condition of cystic fibrosis and this needs to be excluded.

Other causes of perforation will include a blockage in the bowel (atresia) although these are more likely to present with dilatation of the bowel above the blockage and an increase in the fluid around the baby (polyhydramnios).

It is possible that the ascities is the first sign of hydrops or fetal anaemia and this may require more than one scan over a period of time to identify.

What investigations will I need?
As always we will need to take a history and perform a detailed ultrasound examination of your baby. That will include looking at the blood flow inside of the head which we can use to identify babies which are anaemic. If we cannot find anything else wrong we will consider some or all of the following:
TORCH screen, blood taken from the mother to look for signs a viral infection.
Amniocentesis / CVS to check the fetal chromosomes
Maternal antibody screen looking for a blood group incompatibility between mother and baby
Rarely we may consider removing some of the ascities for testing.
Usually we will need to arrange a repeat scan in one to two weeks time.

What is the likely outcome?
This is very difficult to state as ascites is not a disease or syndrome but rather a feature of many different causes. The outcome is therefore very dependent on the underlying cause rather than the ascities per se. A very rough guide is that the greater the amount and the earlier the onset the worse the outcome. That is unless it is as a result of anaemia when that can be corrected by a fetal blood transfusion.