

First step.

Complete clinical examination.

Obligatory explorations:

- Proteins, albumin.
- Cytology.
- Bactériology.

**Evident
orientation.**

Known cirrhosis
or cancer.

Second step.

No explanation.

Elevated SAAG.

Low ascites proteins.

No explanation.

Elevated SAAG.

High ascites proteins.

No explanation.

Low SAAG.

Low ascites proteins.

No explanation.

Low SAAG.

High ascites proteins.

Cirrhosis. Portal hypertension.	Biological and clinical data. Iconography. Histology if necessary.
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Right heart insufficiency. Constrictive pericarditis. Portal hypertension. Budd-Chiari syndrome. Portal vein thrombosis.	Clinical history. Pro- BNP > 364 ng/mL. Echocardiography data. Cirrhosis in first. Clinical context. Vascular iconography.
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Cancer. Tuberculosis. Pancreas leakage. Seritis. Urinary leakage. Cirrhosis.	Cytology. General contest. Ascites lymphocytes. Immune deficiency contexte. Origin. PCR and cultures. Ascites amylase. Immunologie, clinical context. Circumstances. Ascites creatinine. Rare presentation.
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Nephrotic syndrome. Malnutrition. Digestive malabsorption.	Low serum albumin and proteins. Physical examinataion. Diarrhea.
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Particular cases.

Eosinophils associated ascites. Chylous ascites.	Serous illness. Parasitosis. Triglycerids > 2.5 g/L. Immunolgic. Cirrhosis. Lymphoma.
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Third step.

Surgical exploration with biopsies.