Palliation of malignant ascites.

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Abstract

The management of recurrent, symptomatic malignant ascites can be problematic for physicians and patients. The most common, low-risk method is large-volume paracentesis. Patient disease progression often leads to rapid reaccumulation of ascites, which requires frequent return visits to the hospital for symptom management. Other techniques have been developed to achieve palliation of symptoms, including tunneled external drainage catheters, peritoneal ports, and peritoneovenous shunts.

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