

TREATMENT MODALITIES FOR THE MANAGEMENT OF ASCITES IN OVARIAN CANCER PATIENTS

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Ascites involve the presence of a higher amount of free fluid accumulated in the abdominal cavity. Pathophysiology of malignant ascites is multifactorial and represents a combination of two basic pathogenetic mechanisms, increased vascular permeability and obstruction of lymphatic drainage. Ascites is the most common symptom of patients with ovarian cancer reporting to a doctor. The primary therapeutic option in the treatment of ovarian cancer is cytoreductive surgery and platinum therapy. Intraperitoneal chemotherapy aims to increase the concentration of the drug at the target site by avoiding a resorptive toxic effect. Of the surgical methods used in palliative treatment of ascites, the creation of peritoneal shunts should be mentioned. A modern innovative approach in the treatment of ascites involves the use of specific monoclonal antibodies that focus on one of the basic etiological factors of ascites – neo-angiogenesis. In treatment, a multidisciplinary approach is needed not only for gynecologists but also for anaesthesiologists, gastroenterologists, surgeons, palliative doctors, and a medical oncologist.

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