Introduction

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ABNORMALITIES of renal function and electrolyte metabolism are almost invariable in advanced liver disease. These may play an important part of the clinical illness and, in one series, renal failure was considered to be the direct cause of death in 11% of cirrhotic patients. Abnormal plasma electrolyte concentrations may develop independent of renal failure and both hyponatraemia and hypokalaemia may contribute towards encephalopathy. Central to the problem of how ascites develops in cirrhosis is the renal retention of sodium, and increasing evidence suggests that this may be the initiating factor in fluid retention, rather than the consequence of a loss of 'effective' extracellular fluid to the peritoneal compartment. Although the treatment of ascites by dietary sodium restriction and diuretics is often successful, the effects of the diuretics may introduce further electrolyte disorders. The recent commercial

development by Rhône-Poulenc of a dialysis apparatus for the treatment of ascites in which ascitic fluid is concentrated two to threefold and the concentrate reinfused intravenously has aroused considerable interest. Large quantities of sodium and water can be removed from the patient without loss of the protein contained in the ascites. It was with the aim of establishing the place of this technique within the overall management of ascites that this Symposium was planned, and we are grateful to May & Baker Ltd who market the apparatus in this country and Rhône-Poulenc Ltd who made it possible and who both generously sponsored the meeting. Investigators throughout Europe were invited to present and discuss their experience. Opportunity was also taken to include sessions on the related problems of renal failure and electrolyte metabolism in liver disease.

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