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Case Report

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LIVER FLUKE CAUSING DILATATIONS OF COMMON BILE DUCT

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Summary

Biliary parasites are known in endemic areas and their association with biliary stone is documented. We present a case of liver fluke affecting the biliary tract caused by fasciola hepatica which is reported for the first time in Iraq.

Introduction

The most common biliary parasites are clonorchis sinensis and ascaris lumbricidis[1]. They are endemic in many areas of the East Asia and rare in developed parts of the world. Their association with biliary stone formation was appreciated by Marki in early 1960s and supported by others[3]. Fasciola hepatica is primarily an infestation of sheep and cattle. Man is an accidental host acquiring the disease by eating wild water cress contaminated with metacircaria. The disease has a world wide distribution and is common in Latin America, United States and some places of United Kingdom[1]. Reviewing the texts, fasciola hepatica not found as a cause of biliary parasite.

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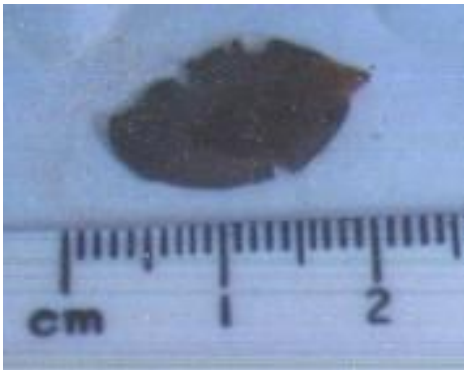
Case Report

Fifty years Kurdish female farmer from Suliamania presented with chronic epigastric pain since 1988. The condition started as a dull mild to moderate pain radiated to the back, not related to food and sometime associated with dispepsia lasting for few hours and relieved by antacides. At first the pain occur 2-3 times per year but during the last 4 years it recur with increasing frequency. There was no history of jaundice or fever. She lived with a poor family and had a history of travelling and living in Iran for 4 years since 1987. She had unremarkable examination findings. Her investigations were within normal limit apart from ultrasound scanning which showed mildly distended thick walled gallbladder containing a single stone of 12 mm in diameter with normal intrahepatic biliary tree. The patients prepared for exploration under general anaesthesia

through right subcostal incision. The findings were gallstone and dilated common bile duct. Supraduodenal exploration of common bile duct revealed 2 × 0.5 flat leaf-like parasites (7 in number). The gallbladder removed and choledochoduodenostomy done. She passed uneventful postoperative period and discharged after 5 days in good general condition. Parasitological examination of the worms revealed fasciola hepaticae as shown in the picture. Histopathological examination of the gallbladder showed chronic cholecystitis.



Discussion

The clinical manifestations of hepatic flukes vary in severity depending on the number of parasites. Clinically the patients presented with sudden agonizing epigastric or right upper quadrant pain lasting for minutes or more longer and then slowly abates and the patient become exhausted and rest quite until the beginning of the next attack. Nausea and vomitting are common. The pain may recur at short intervals or after rather prolonged period of remission[1]. The diagnosis may proved by demonstration of agges in the stool or by enzyme-linked immunosorbent assay (ELISA) test[1]. The stool exam was negative in our patient. Ultrasound may demonstrate diffuse dilatation of the small intrahepatic bile ducts with no or minimal dilatation of intra- or extrahepatic ducts and this was the only finding in our patient in addition to gallbladder stone. The clinical manifestations were much more severe in intrahepatic rather than extrahepatic parasites. This could explain the prolonged period of vague symptoms in our patient. Liver flukes may survive in a patient for many years, possibly as long as 20 years or more without causing clinical problem[1]. The treatment of biliary parasites is medical if the patient is not severely ill and the patient reinvestigated after 2 weeks to determine whether the warms have escaped from biliary tract or not. Surgery is indicated in patients with failed medical treatment or in patients presented with obstructive jaundice or cholangitis or the parasite located in dilated biliary tract [3,4,5]. The prognosis is generally good except in patients with suppurative cholangitis. We conclude that any patient presented with vague abdominal symptoms and biliary symptoms in endemic areas of liver flukes especially in our villagians should rise the suspicion of biliary parasite of which fasciola hepatic was first described in our country. The medical treatment is bithionol 50 mg/day for 3 weeks.

References

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