Oriental Cholangitis with helminthic infection in the intra-hepatic duct stones

Ibnouf Sulieman a*, Ejaaz Latif a, Abdulla Al-Niami b, Walid Shehata a, Ahmed Elaffandi a, Hatem Khalaf a

Introduction

- Oriental cholangitis is a disease that is common in eastern countries
- The only treatment now is treatment of the cholangitis and surgical clearance of the stones.
- The disease is characterized by recurrence and this may eventually lead to secondary cirrhosis
- The etiology of the disease is still not clear.
- Helminthic infections are one of the speculated causative factors, and the association has been established, but a causal relationship is not proved
- Most of the reported cases describe Ascaris species in association with intrahepatic stones

The case

- A 23 years old lady presented to our hospital with acute cholangitis with abdominal pain and fever
- Computed tomography scans and Magnetid Resonance Imaging showed large intrahepatic stones
- The patient was started on IV antibiotics and her condition improved
- This was followed by open bile duct exploration, cholechoscopic stone fragmentation
- During stone fragmentation, helminthic tissue was seen within the stones in multiple areas. Biliary reconstruction with hepatico-jejunostomy was done
- The patient recovered smoothly
- Final analysis of the stone material showed evidence of Fasciola hepatica

Discussion and conclusion:

- In this case helminthic tissue was encountered during cholechoscopic stone fragmentation
- This may help in establishing the etiology for this disease and may aid in further treatment where eradication of the helminthic infections may eliminate the primary etiology and this may decrease or eliminate recurrence.

Magnetic Resonance Cholangio-Pancreatography (MRCP) image showing large stone in the left main bile duct and innumerable stones studding the right intrahepatic biliary system

Bile and stone analysis showed ova of Fasciola hepatica

* Corresponding Author:
Dr. Ibnouf Sulieman
sulieman@hamad.qa
Ibnouf_s@hotmail.com
Department of Surgery, Division of Organ Transplant, Hamad General Hospital, Doha, PO Box 3050, Qatar

Author affiliations:
a: Department of Surgery, Division of Organ Transplant, Hamad General Hospital, Doha, PO Box 3050, Qatar
b: Department of Urology, Hamad General Hospital, Doha, PO Box 3050, Qatar