

Biliary Ascariasis and Cholelithiasis

The patient is a thirty year old woman who presented in December 1990 3½ years after cholecystectomy for multiple stones with colicky pain in the right hypochondrium, jaundice and high temperature. On admission to hospital her tests were as follows: 11 100 Leucocytes, 45 mm ESR, total bilirubin of 2.8 mg/ml with direct bilirubin of 1.8 ml/ml and elevated liver enzymes. The patient was given antibiotics every 6–12 hours. Ultrasound of liver, bile duct and pancreas showed a slight dilation of the intrahepatic bile ducts with the common bile duct showing a diameter of 8 mm and containing a tubular echo-rich structure, suggesting parasitosis.

An endoscopic retrograde cholangioscopy was performed showing a filling defect of 1 cm in diameter in the distal common bile duct compatible with a calculus and a longish, double-layer defect within the main bile duct extending towards the right part of the liver compatible with parasitosis of the bile duct (Figure 1). A wide papillotomy was performed and the calculus and two ascaris lumbricoid parts were extracted with a Dormia basket (Figure 2). The patient was discharged from hospital 48 hours later in clinical and laboratory remission. In addition to US and ERCP with its therapeutic potential (1–3), we suggest antihelminthic treatment after endoscopic papillotomy since the parasite may be located in other parts of the hepatobiliary system.

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Figure 1: ERCP showing the ascaris as filling defects.



Figure 2: Parts of ascaris after extraction.

References

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