# Obstructive jaundice at the age of 24

Lars Triest, Fazia Mana, Inneke Willekens[1], Daniel Urbain[2]

(1) Radiology, (2) Gastroenterology, UZBrussel.

A 24-year-old Afghan man, without a significant medical history, presented with right hypochondriac colicky pain for 5 days. Physical examination revealed a jaundiced patient without fever. There was tenderness on palpation of the right hypochondrium. Laboratory studies revealed predominantly cholestatic liver injury, with alkaline phosphatase level of 170 U/L (normal, < 114 U/L), γ-glutamyl transferase level of 259 U/L (normal, < 57 U/L), total bilirubin level of 3.87 mg/dl (normal, < 1.0) and direct bilirubin level of 2.9 mg/dl (normal, < 0,5 mg/dl). Haemoglobin level, platelet count and leucocyte level (5200/mm$^3$ with 42% neutrophils, 39,5% lymphocytes and 9,5% eosinophils) were normal at admission.

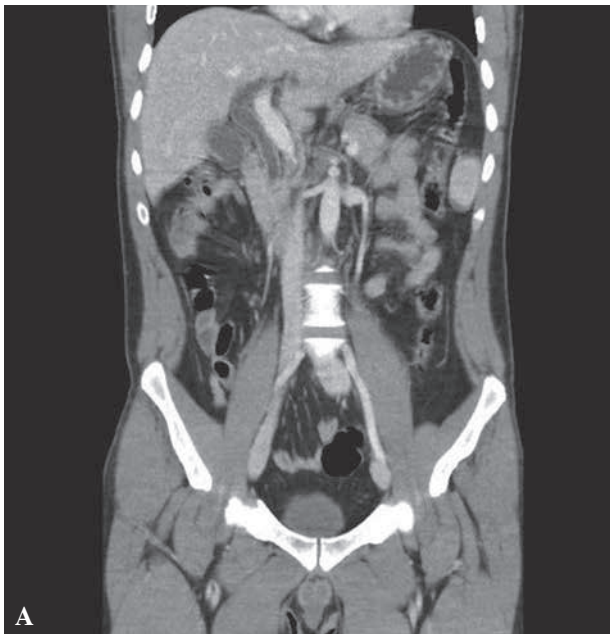
Abdominal ultrasonography showed a thickened wall of the gallbladder.

Contrast-enhanced CT images revealed an enlarged common bile duct (10 mm) without apparent reason (Fig. 1A).

An endoscopic ultrasonography confirmed the dilated common bile duct, with thickening of the wall and of the ampulla without underlying choledocholithiasis but with multiple small lymph nodes around the ampulla.

ERCP was performed, confirming the cholangitis. An extraction balloon extracted a flat, oval structure of about 1,5 cm (Fig. 1B).

**What is your diagnosis ?**



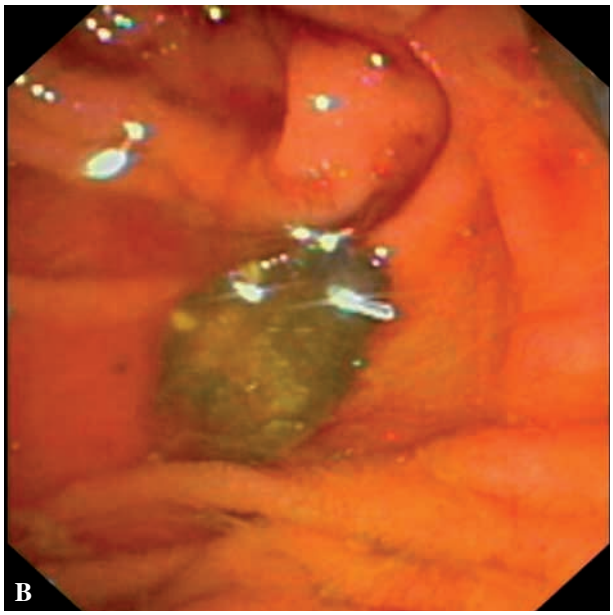




Fig. 1A, B. —

Correspondence to : Lars Triest. E-mail : larstriest@gmail.com

Submission date : 15/05/2014
Acceptance date : 15/05/2014

## Answer

The diagnosis of Fasciola hepatica (F. hepatica) was retained. This was confirmed by an indirect hemaglutination test that was positive (1/320 titre).

The patient was treated by 2 doses of triclabendazole (10 mg/kg/dose, with an interval of 12 hours). The clinical outcome was favourable.

Fascioliasis is a zoonotic disease caused by the trematode F. hepatica. Humans are often incidental hosts of this parasite, through ingestion of contaminated water plants or drinking water.

The parasite migrates from the intestine, trough the peritoneal cavity into the liver. This acute phase of infection is usually asymptomatic but abdominal pain, hepatomegaly and fever can occur. The chronic or biliary phase of the infection can present with symptoms of obstructive jaundice and cholangitis, when the parasite invades the bile ducts.

Diagnosis can be made by examining the stool or duodenal aspirates/biopsies for-parasites eggs, by immunoserological tests or by detection of the fluke during ERCP.

Besides the mechanical extraction of the fluke during ERCP, triclabendazole is considered to be the medical treatment of choice.