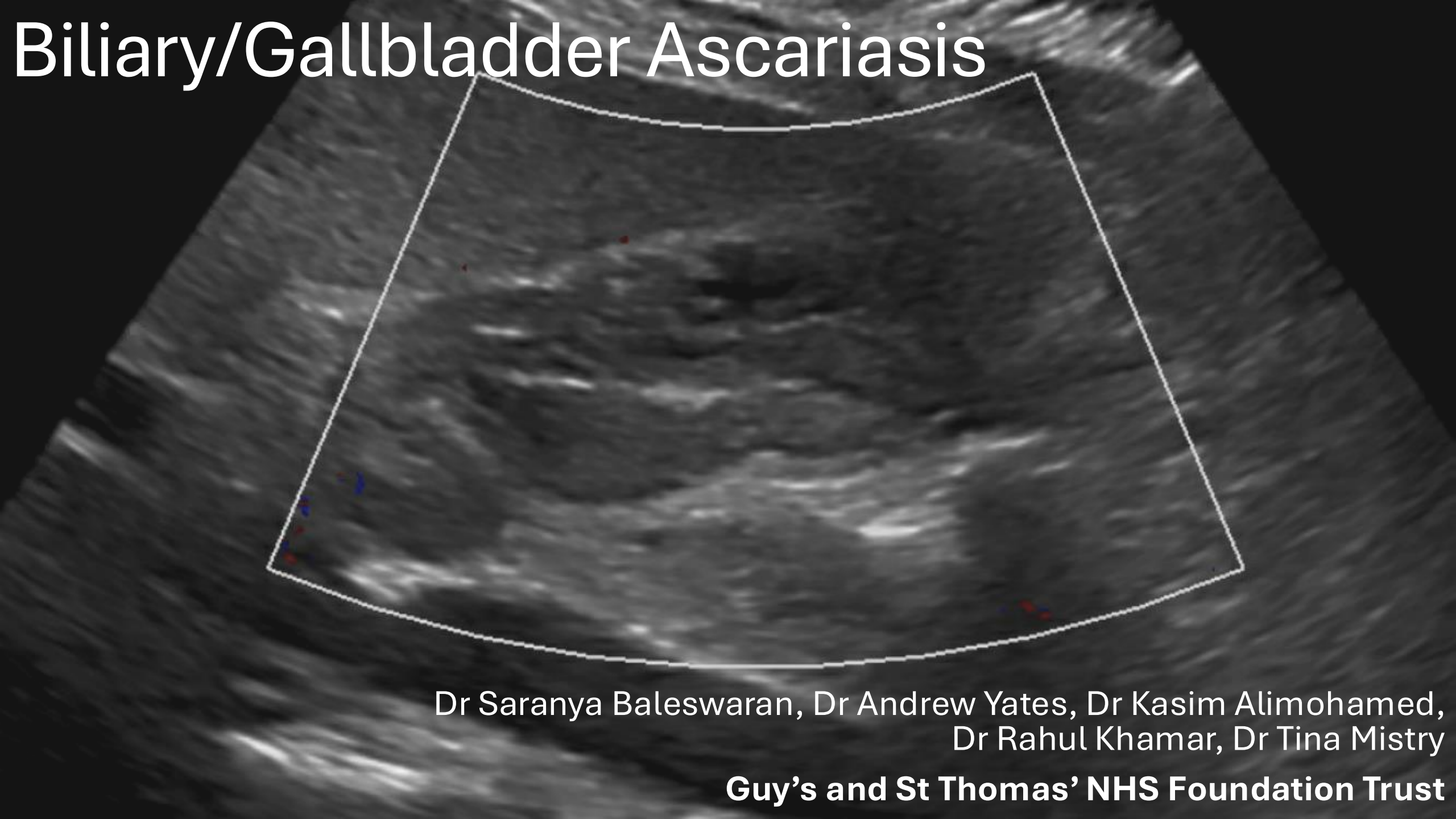
Biliary/Gallbladder Ascariasis



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Initial Presentation

- 33-year-old female.
- Presented to the General Practitioner (GP) with gastrointestinal symptoms including nausea, vomiting, diarrhoea and epigastric pain.
- Initially treated with antiemetic and proton-pump inhibitor to some effect.
- Re-presented to the GP a few weeks later with progressive symptoms which now also included dark urine, pale stools and a yellow tint of her eyes (scleral icterus).
- Patient referred to the emergency department (ED) for further assessment.

Hospital Assessment

- The patient was seen in ED and following initial assessment and blood tests, was referred to the general surgical team for further management.
- The clinical history was recapped with note made of how symptoms had progressed over the course of one-month.
- The patient also reported 5kg weight-loss over the course of one-month.
- Epigastric tenderness was noted on examination.
- A blood panel was sent.

Investigations

- Liver Function Tests (LFTs)

• Total Bilirubin	124	(< 21µmol/L)
• Alanine Transaminase (ALT)	150	(<= 55 U/L)
• Alkaline Phosphatase (ALP)	218	(30 – 130 U/L)
• Albumin	39	(35 – 50 g/L)

LFTs suggested cholestasis

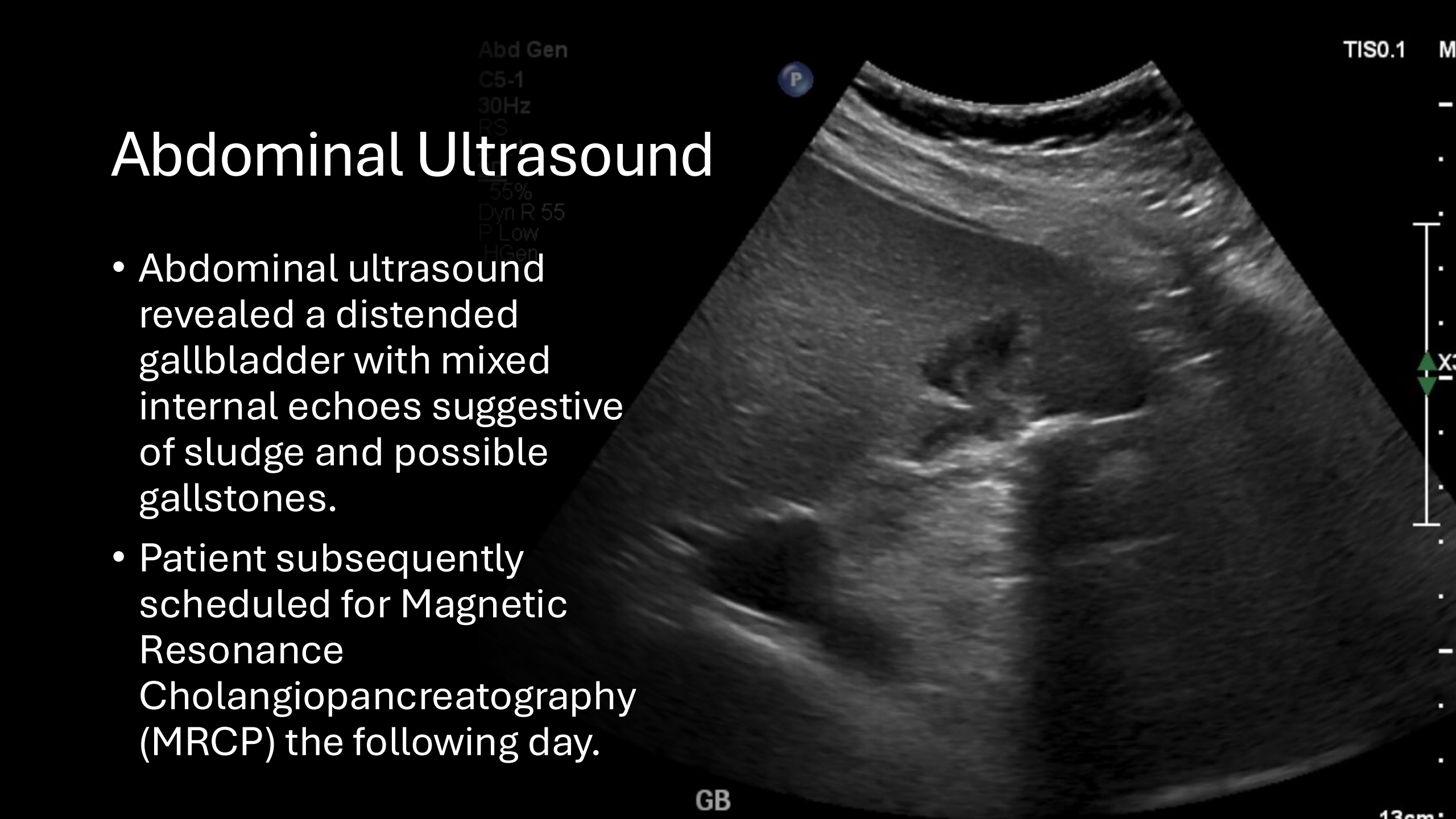
- All other bloods tests were normal including:

- Full blood count	- Renal profile + Urea	- Amylase
- Hepatitis serology	- HIV antibody/antigen	- CRP

- An abdominal ultrasound was scheduled for the following day for suspected cholelithiasis/choledocholithiasis.

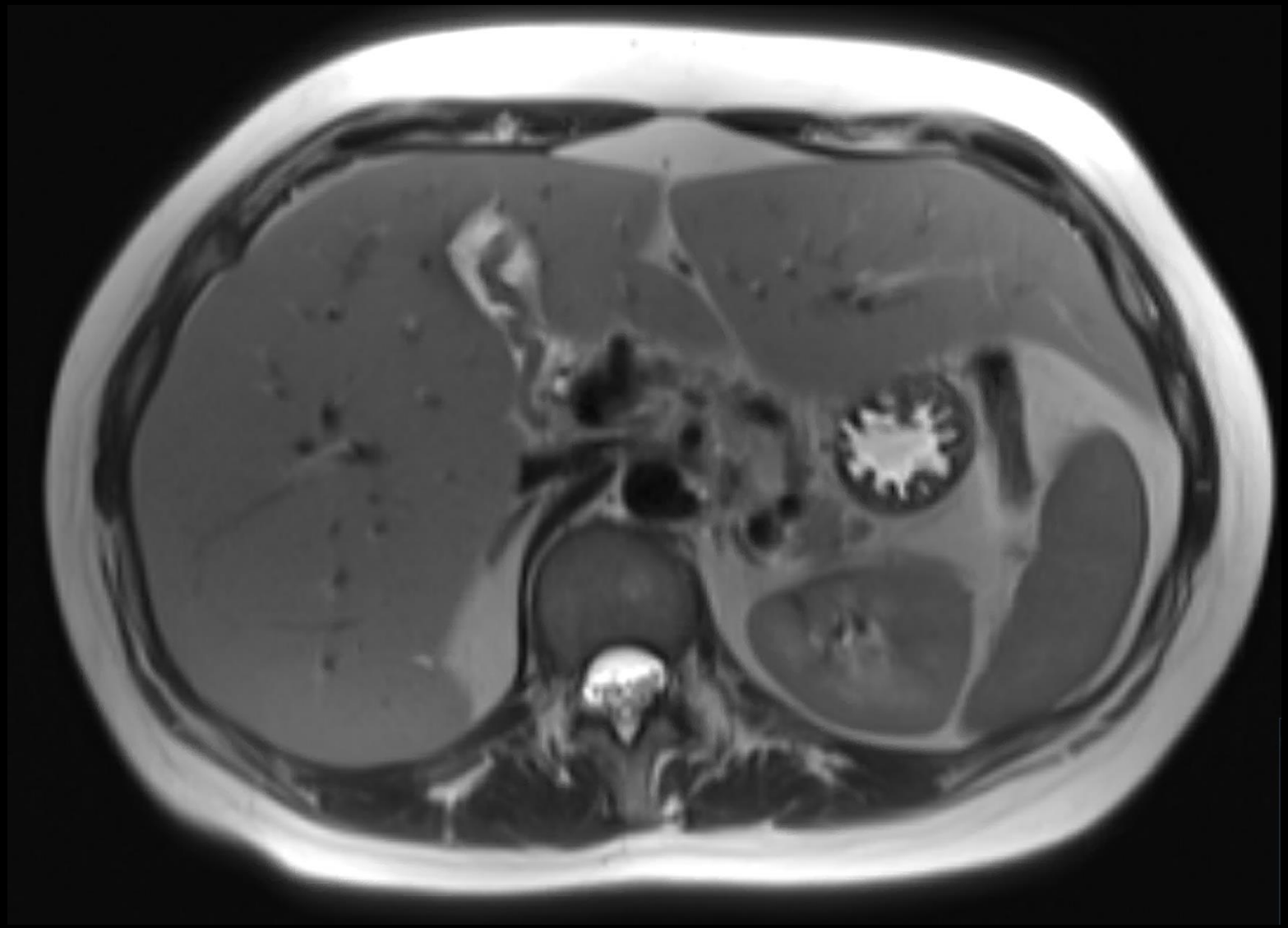
Abdominal Ultrasound

- Abdominal ultrasound revealed a distended gallbladder with mixed internal echoes suggestive of sludge and possible gallstones.
- Patient subsequently scheduled for Magnetic Resonance Cholangiopancreatography (MRCP) the following day.



MRCP

- MRCP revealed low T2-signal tubular structures within the thin-walled gallbladder suspicious for Biliary Ascariasis.
- No features of acute cholecystitis or biliary obstruction.
- Incidental Hepatic steatosis.



Follow-up one-week following the MRCP

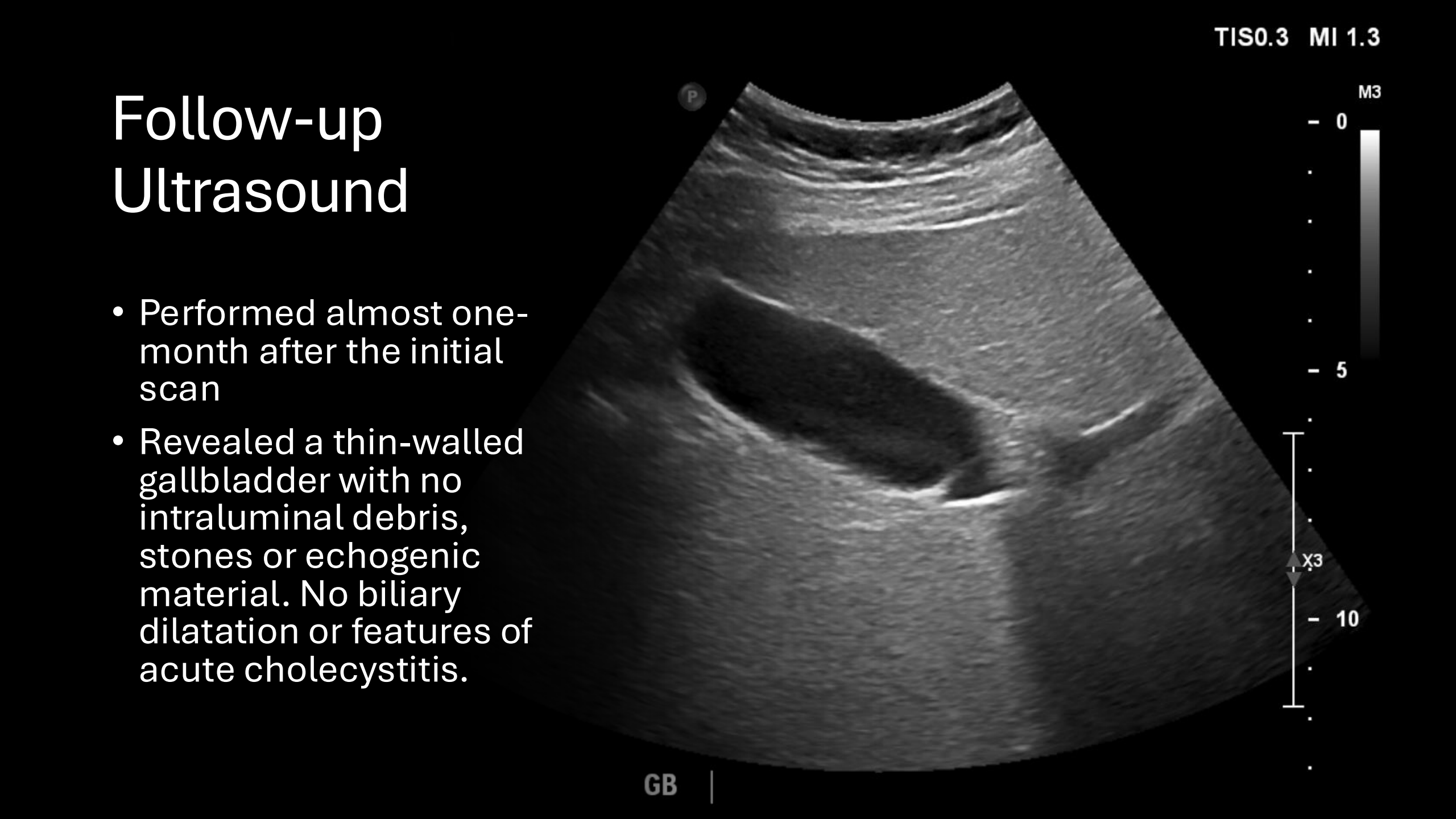
- The patient reported her epigastric pain and scleral icterus had improved however reported on-going pale stools and dark urine.
- A repeat blood-panel revealed down-trending bilirubin and no other clinically significant interval change in other parameters.
- Specifically, Echinococcus serology and faecal testing for ova, cysts and parasites were negative.
- The case was referred to The Hospital for Tropical Diseases combined echinococcosis multi-disciplinary meeting (MDM).

The Hospital for Tropical Diseases

- Appearances felt to be consistent with Gallbladder Ascariasis.
- Endoscopic retrograde chonlangiopancreatography (ERCP) wasn’t recommended as there was no evidence of intraductal flukes or biliary obstruction.
- The diameter of the parasite precluded administration of albendazole due to risk of biliary obstruction.
- A short-interval repeat ultrasound was recommended to assess for passage of the parasite.

Follow-up Ultrasound

- Performed almost one-month after the initial scan
- Revealed a thin-walled gallbladder with no intraluminal debris, stones or echogenic material. No biliary dilatation or features of acute cholecystitis.



Next step

- The case was subsequently discussed in the local benign hepato-pancreato-biliary (HBP) meeting.
- Another MRCP (not yet performed) was suggested for confirmation of the ultrasound findings.