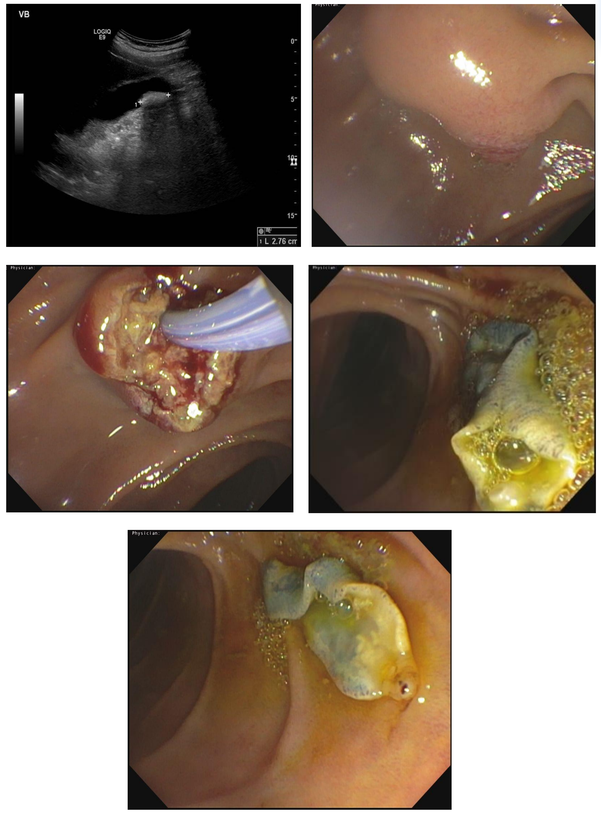
CHOLEDOCAL FASCIOLIASIS AS AN UNCOMMON ETIOLOGY OF CHOLESTASIS, DIAGNOSIS AND RESOLUTION THROUGH ERCP. A CASE REPORT

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Keywords: Cholestasis, fasciola hepatica, endoscopic retrograde cholangiopancreatography.



INTRODUCTION

Cholestasis currently represents a clinical-therapeutic challenge, encompassing a wide spectrum of pathologic entities with varying degrees of severity and prognosis. From an etiological perspective, rarely cited infectious causes include those associated with hepatobiliary parasites such as the trematodes Fasciola hepatica and gigantica.

Fascioliasis is a rare and incidental infection that affects the hepatobiliary system of its hosts. It can present acute conditions such as subcapsular hepatic hematomas with or without hemobilia, as well as chronic conditions with severe symptoms including cholangitis, biliary cirrhosis, and sclerosing cholangitis.

TB 6.13 mg/dl	DB 5.05 mg/dl	IB 1.08 mg/dl	ALT 173 U/L
ALP 328 U/L	GGT 80 U/L	AST 290 U/L	Lipase 12 U/L

CASE DESCRIPTION

A 60-year-old Dominican farmer, with no relevant clinical history came to our center with a history of intermittent generalized itching with secondary excoriations for a year. He experienced a sudden episode of abdominal pain localized in the epigastrium that radiated to the back and both hypochondriac regions, with a score of 8/10 on the pain scale. Three days after the onset of symptoms, he developed jaundice of the skin and mucous membranes, acholic stools, and dark urine.

An abdominal ultrasound was performed, which reported cholelithiasis without signs of cholecystitis.

Given the symptoms of cholestasis and high suspicion of choledocholithiasis, an endoscopic retrograde cholangiopancreatography (ERCP) was performed, revealing a prominent Ampulla of Vater. Fluoroscopy revealed a lanceolate image in the distal third of the common bile duct. A complete sphincterotomy was performed, extracting a live parasite, lanceolate leaf-shaped, white-grayish in color with regular borders, morphologically consistent with Fasciola hepatica. Following its removal, spontaneous bile drainage was observed.

An oral dose of 750 mg triclabendazole was administered every 12 hours for 24 hours as pharmacological management. An adequate resolution of the condition and satisfactory clinical/paraclinical response to the bimodal management was observed.

CONCLUSION

This case illustrates a rare cause of choledocal obstruction, caused by an important parasitic infection of sheep and cattle. Fascioliasis is a tropical disease that should be suspected in patients who work with livestock and present with symptoms of cholestatic jaundice. Its identification as a cause of cholestasis and other morbid conditions facilitates timely resolution of the disease and institution of appropriate therapy.