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# Cholangitis in a patient with hepatic hydatidosis

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Hydatid disease is highly endemic and mainly occurs in the regions of livestock husbandry, including central Europe, North America, Russia, northwestern Canada, and western China [1]. The larvae can penetrate the intestinal mucosa, subsequently flow into portal circulation and settle on the liver, and finally evolve into hepatic hydatidosis [1]. Two rare cases recently published in the *Annals of Gastroenterology* demonstrated that cholangitis was secondary to liver hydatid disease due to intrabiliary rupture of hydatid cysts or compression of bile ducts by cysts [2,3]. Herein, we report another case presenting with cholangitis associated with hepatic hydatidosis.

In December 2011, a 76-year-old male was referred to our hospital due to fever, right upper quadrant abdominal pain and jaundice. He had also developed light-colored stools and dark urine for about one week. He was born in Ningxia Province and worked in a livestock farm. About 40 years ago, he was diagnosed with hepatic hydatidosis and underwent surgery and oral albendazole therapy at his local hospital. On admission his temperature was 39.2 °C. Physical examination revealed tenderness of the right upper quadrant of his abdomen and yellowing of the skin and eyes. Laboratory tests were as follows: white blood cell, $10.01\times10^9$/L (normal, 3.97-9.15×$10^9$/L); neutrophil, 80.3% (normal, 50-70%); albumin, 30.5 g/L (normal, 35-55 g/L); total bilirubin, 354.4 μmol/L (normal, 3.4-20.5 μmol/L); direct bilirubin, 287.5 μmol/L (normal, 0-6.8 μmol/L); indirect bilirubin, 66.9 μmol/L (normal, 6.8-12.0 μmol/L); alkaline phosphatase, 330 IU/L (normal, 15-150 IU/L); and γ-glutamyl transferase 409 IU/L (normal, 0-52 IU/L). Testing for hepatitis B and C viruses and the human immunodeficiency virus was negative. Abdominal computed tomography scans demonstrated a relatively large cystic lesion in the right hepatic lobe with calcification of cyst well (Fig. 1 A-B) and intrahepatic bile duct dilation (Fig. 1 C-D). Thus, cholangitis associated with hepatic hydatidosis was considered. Two plastic biliary stents were placed under endoscopic retrograde cholangiopancreatography to keep the bile duct open. He also received intravenous antibiotic treatment for 7 days. The patient's temperature and white blood cells normalized 5 days later.

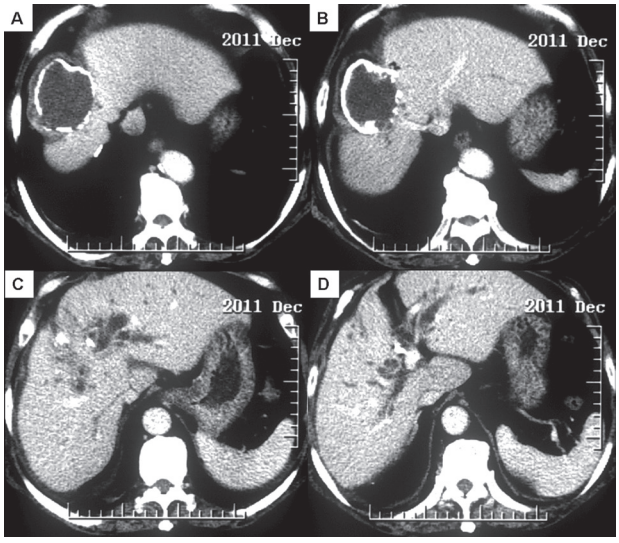


**Figure 1** Axial computed tomography scans of the liver demonstrating a relatively large cystic lesion in the right hepatic lobe with calcification of cyst well (A-B) and intrahepatic bile duct dilation (C-D)

In conclusion, it should not be neglected that cholangitis could be secondary to hepatic hydatidosis, especially in patients who lived in regions of livestock husbandry.

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## References

1. Moro P, Schantz PM. Echinococcosis: a review. *Int J Infect Dis* 2009;**13**:125-133.
2. Germanidis G, Mantzoukis K, Kelekis T, et al. Complicated hepatic hydatid cyst with simultaneous biliary tree and intraperitoneal rupture: can we treat it by minimal invasive way? *Ann Gastroenterol* 2011;**24**:328-330.
3. Kopylov U, Apter S, Weiss P. Intrabiliary rupture of a hydatid cyst. *Ann Gastroenterol* 2011;**24**:122.