A rare cause of acute cholecystitis: ascariasis

Nadir görülen bir akut kolesistit nedeni: askariyazis

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Abstract

Ascariasis is common helmintic infestation in adult man. It is rare in gallbladder (GB) despite it is common in intestinal and biliary tract. Ascariasis in the GB is an entity that generally presented with acalculous cholecystitis symptoms (low grade fever, right upper abdominal colic and tenderness). Ultrasonographic evaluation showes that thick GB wall and intraluminal tartarus. We present a case, which is 37 year old man underwent a laparoscopic cholecystectomy for a polyp in the GB. Histopathological examination showed us an ascariasis in the GB.

Keywords: Ascariasis, cholecystitis, cholecystectomy

Öz


Anahtar Kelimeler: Askariyazis, kolesistit, kolesistektomi

Introduction

Ascaris lumbricoides infestation is the most common helmintic infection to infest adult man. Ascariasis is a common intestinal parasitic disease in many developing countries and is a common cause of biliary and pancreatic diseases in endemic areas [1]. The presentation is usually due to massive infestations resulting in intestinal obstruction, volvulus, and intussusceptions [2]. Parasites can migrate into the biliary tract and create problems such as recurrent pyogenic cholangitis, gall stones, and pancreatitis. Gall bladder ascariasis is seen at 2.1% biliary ascariasis cases[3,4]. Acalculous cholecystitis caused by A. lumbricoides is seen in endemic areas [5].
GB. GB wall thickness was 4 mm, common bile duct was 6 mm. There was no stone in the GB and no dilatation of intrahepatic biliary radicals. He underwent a laparoscopic cholecystectomy. There was a dead A. lumbricoides measuring 8 cm in length in GB (Figure 1). Histopathologic findings revealed features of eosinophilic cholecystitis. He had not have a complication at the postoperative period and discharged on the 3. post operative day with antihelminthtic medications that was recommendations by infectious disease clinic.

Discussion

Biliary ascariasis is a known cause of biliary and pancreatic system diseases in endemic areas [1]. Although intestinal and bile duct ascariasis is common, A. lumbricoides in the GB is uncommon, even in endemic areas [5]. It is endemic in third world countries where poor health standards, low socioeconomic status and geoclimatic conditions influence the parasite prevalence in these parts of the world [6]. Warm climate and humid soil conditions in the tropical and subtropical countries provide ideal conditions for this infection to flourish [5]. In uncomplicated biliary ascariasis, the clinical picture merges with that of acute acalculus cholecystitis with low grade fever, upper abdominal colic, tenderness, muscle guarding in right upper quadrant with a gall bladder mass. It maybe complicated by acute cholangitis with fever, right hypochondriac pain, jaundice, tender hepatomegaly, raised bilirubin, alkaline phosphatase, and transaminases. Cholangitis may be suppurative and patient may present with shock [7].

Biliary ascariasis can be diagnosed by hepatobiliary ultrasonography. Ultrasonography is a highly sensitive and specific method of detection of worms in the biliary tree. It maybe repeated frequently to monitor the movement of worms in the duct [8].

ERCP is a good modality but it is invasive and has certain well known hazards [1]. MRCP has established a well accepted place for itself in the evaluation of pancreatobiliary system in general [9].

Majority of patients with hepatobiliary and pancreatic ascariasis respond to medical treatment [10]. Worms in the biliary tract are not killed by standard antihelminthic drugs as these are excreted in less than 1% in bile and have, thus, no effect [11]. The established treatments for biliary ascariasis are antihelminthhic drug therapy, endoscopic extraction, and surgical extraction [12].

Conclusion

Ascariasis in the GB is a rare despite it is common in intestinal tract. It can diagnose preoperatively by the ultrasonography. The treatment is antihelmintic drugs and cholecystectomy.

Declaration of conflicting interests

The author declared no conflicts of interest with respect to the authorship and/or publication of this article.

References


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