

|         |   |
|---------|---|
| Case    | (180) Biliary tract obstruction secondary to complicated hepatic hydatid cyst.            |
| Authors | M. Eisman Hidalgo, Y. Nuñez Delgado, A. Milena Muñoz, P. Perez Naranjo, J. Miras Ventura. |
| Centre  | Hospital Universitario San Cecilio.   |

## CASE PRESENTATION

A 66-year-old man went to the emergency room for conjunctival and cutaneous jaundice associated with pruritus lasting 10 days, without abdominal pain or fever. In the analytical total bilirubin stands out: 9.79mg / dl, direct: 7.77 mg / dl, indirect 2.02 mg / dl, GGT 814U / L, FA 752 U / L, GOT 103 U / L, GPT 128 U / L and PCR 31.01mg / l.

The computed tomography to which he was subjected showed the presence of several lesions compatible with hepatic hydatid cysts whose wall was discontinuous and showed a liquid-gas level inside. In addition, slight-moderate dilation of the main bile duct was observed, as well as several linear calcifications in its lumen compatible with hydatid membranes migrated by fistulization.

Days later, the patient underwent ERCP with sphincterotomy, which confirmed the tomographic findings and resolved the biliary obstruction.

## DISCUSSION

Although communication between the biliary tract and hepatic hydatid cysts occur in up to 80-90% of cases, the onset of symptoms only occurs in 13-37% of them<sup>1,2</sup>, in which the passage of the daughter vesicles or membranes of the cyst to biliary system, causes obstructive jaundice, cholangitis, or septicemia<sup>1</sup>.

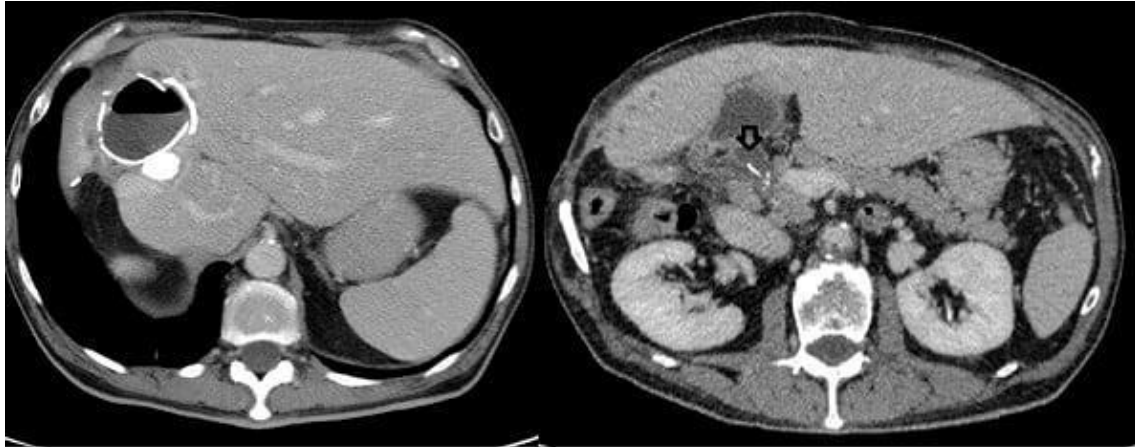
The diagnosis of rupture of the cyst to the bile duct is established by the discontinuity of the cyst contour and the presence of hydatid material in the biliary tree. The differential diagnosis of the presence of gas within the cyst includes fistulization to the bile duct, bronchial tree, or bacterial superinfection (mainly anaerobes)<sup>3</sup>.

Although most of these fistulas could close spontaneously, endoscopic treatment with sphincterotomy is recommended to reduce morbidity, since it reduces biliary pressure and favors an early closure of said communication.

## CONCLUSION

The rupture of the hepatic hydatid cyst is associated with a high mortality rate, so its identification is important to avoid any unnecessary delay in the timely surgical treatment.

The diagnosis of rupture of the cyst in the bile duct is established by the discontinuity of the cyst contour and the presence of hydatid material in the biliary tree, while the presence of air within the cyst does not necessarily imply infection.



Left image: CT image showing two hydatid cysts, one of which shows disruption of the calcified wall and air-fluid level.  
Right image: Dilated common hepatic duct, with linear calcification inside (black arrow).

## BIBLIOGRAPHY

- Manterola C, Losada H, Carrasco R, Muñoz S, Bustos L, Vial M et al. Cholangiohydatidosis. An evolutive complication of hepatic hydatidosis. *Bol Chil Parasitol.* 2001;56 (1-2):10-5.
- Marti-Bonmati L, Menor Serrano F. Complications of hepatic hydatid cysts: ultrasound, computed tomography, and magnetic resonance diagnosis. *Gastrointest Radiol.* 1990;15:119–125.
- Vignote ML, Mino G, de Dios JF, Gomez F. Endoscopic sphincterotomy in hepatic hydatid disease open to the biliary tree. *Br J Surg.* 1990;77:30–31.