Fasciola Hepatica Infestation in an Internist: Letter to the Editor

İç Hastalıkları Uzmanında Fasiola Hepatika Enfestasyonu

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Infestation with the liver fluke Fasciola hepatica is a common zoonosis in sheep-raising areas of the world. Most reports of human infection have come from South America, Europe, Africa, China, Australia, and the Middle East, but sporadic cases have also been reported in the United States. In Turkey, the diagnosis of fascioliasis is based on extraction of adult parasites during surgery or endoscopy for obstructive jaundice, chronic cholecystitis, cholangitis, cholelithiasis, hepatitis, or gallbladder tumor.[1] This case is characterized by periportal lymphadenopathy and diagnosed by serological tests.

A 31-year-old male (one of the authors) applied with mild abdominal pain on right upper quadrant which began 10 days previously. Fever especially at night, chills, fatique and itching were also present. He had had a history of holiday journey to Southern part of Turkey a month previously. Physical examination was unremarkable other than mild tenderness on his right upper quadrant and epigastrium. The laboratory findings were as follows: WBC 9300, Hg: 15.6 g/dL, plt: 183000, PMNL 33%, lymphocyte 22%, monocyte 5%, eosinophil 40% in peripheral blood. ESR was 18 mm/h. Biochemical tests were all within the normal limits. Tests for Brucella and Salmonella were negative. Abdominal ultrasonography (USG) showed a thickening and increased echogenity of intrahepatic bile ducts in right liver lobe. There were two lymphadenopathies with diameter of 11 x 10 mm at portal hilus. Abdominal dynamic computerized tomography (CT) showed a hypodense lesion with a size of 30 x 25 x 40 mm. Parasite and parasite eggs were negative in stool. Echinococcus indirect hemagglutination (IHA) test was negative, *F. Hepatica* IHA test was positive (1/1256). The patient was diagnosed as *F. Hepatica* infection by clinical, radiological and serological findings and he was administered triclabendazole 10 mg/kg/ for two days. The symptoms disappeared gradually in a week. Eosinophil levels and USG findings returned to normal in three and six months, respectively.

The liver fluke *F. hepatica* is one of the few parasites that can cause recurrent cholangitis. Human hepatobiliary infection with this organism includes two stages: an acute, invasive, hepatic phase that starts one to three weeks after infestation, and a chronic biliary phase that starts three to four months after the contaminated material is ingested.[2,3] The clinical manifestations of hepatic fascioliasis vary according to the stage of the disease. In the initial hepatic invasion, fever, pain, hepatomegaly, general malaise, dyspepsia, eosinophilia, and positive serologic testing may be observed for three months. During the second phase, when the parasite is in the main biliary duct, the disease may feature episodes of biliary colic with or without cholangitis, obvious signs of biological cholestasis, or may remain silent. In some instances, lack of eosinophilia in combination with the absence of manifestations of the disease can make diagnosis quite difficult.[4] This condition should always be included in the differential diagnosis when USG or magnetic resonance cholangiopancreocreatography images show irregular and thickened common bile duct walls. The endoscopic retrograde cholangiopancreocreatography (ERCP) images typical of *F. hepatica* suggest biliary fascioliasis. Eosinophilia and lymphadenopathy were the two main findings in the present case. Since he was free of biliary obstruction, we did not need to perform ERCP.

In summary, *F. hepatica* should be kept in mind in cases with a history of journey, and in the presence of eosinophilia and lymphadenopathies.[5,6] Liver enzymes may completely be normal in those cases.

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