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Research Article

### FORTY YEARS OLD PATIENT PRESENTING LIVER HYBRID CYSTS WITH MANIFESTATIONS OF CHOLANGITIS, PANCREATIC AND JAUNDICE

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**Abstract:**

*Echinococcosis or hydatids disorders is through frequent all around the world but most commonly found in Mediterranean region. Echinococcus granulosus larvae contributes to this disorder that is systematic zoonosis. In this study, case of a male whose age was 40 years old, was studied at Mayo Hospital, Lahore (October 2017 to March 2018). He was suffering from right hypochondriac discomfort, yellow discoloration sclera, and fever with chills and rigors. A CT scan of abdomen was performed with endoscopic retrograde cholangiopancreatography. In this CT scan, hydatid cyst of liver with jaundice, cholangitis and pancreatitis was to surgery department. In this department through employing general anesthesia resection of cysts was carried out. In history, the case like ours in which hydatid cyst of liver with jaundice, pancreatitis and cholangitis observed at the same time was not found.*

**Keywords:** Hydatidcyst, Pancreatitis, Hepatobiliary fistula

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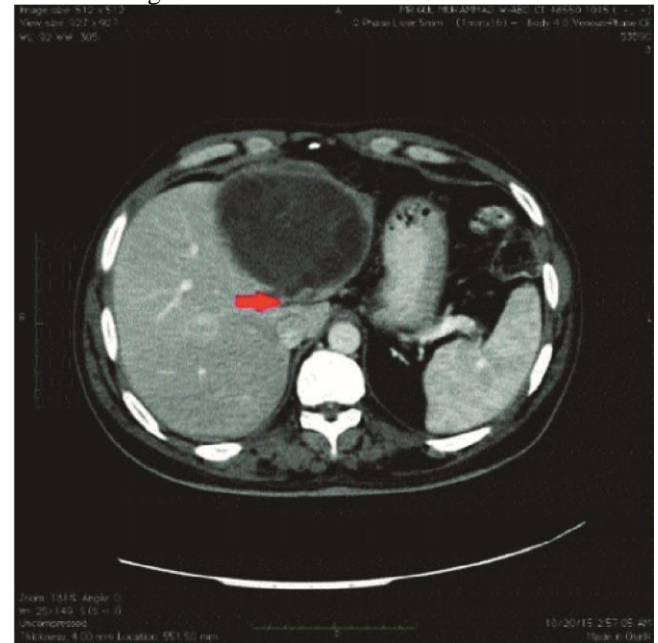
**INTRODUCTION:**

Echinococcosis or hydatid disorder although frequent all over the world but most commonly found in Mediterranean region. It is because, in this region, human is living in a close relation with animals such as dogs and sheep's etc [1-3]. *Echinococcus granulosus* larvae is responsible for this disorder. Any part of the body can suffer from hydatid disorder. The internal organ such as heart, brain, spleen, adrenal gland, kidney, spine and musculoskeletal system can be a victim of hydatid disorders. But the areas most influenced by this disorder are lungs (10-15%) and liver (45-75%) [3]. For few years, a significant part of the patients suffered from disease may not be identified. It is due to eventual advancement of hydatid cysts. If identified, symptoms are different in different patients. Size, location and place relative to the nearby organs are some factors responsible for variation of symptoms [4, 5]. For imaging the sensory system for complexed hydatid cyst showing cystobiliary fistulas and collection, endoscopic cholangiopancreatography (ERCP) and magnetic resonance cholangiopancreatography (MRCP) are used. On the other hand, computed tomography CT and ultrasonography (USG) are the techniques that are used commonly in clinics along with serological testing [5]. In this study, a case with an infrequent manifestation of hydatid cyst of liver with a cholangitis, jaundice and pancreas, due to presence of hepatobiliary fistula, will be presented.

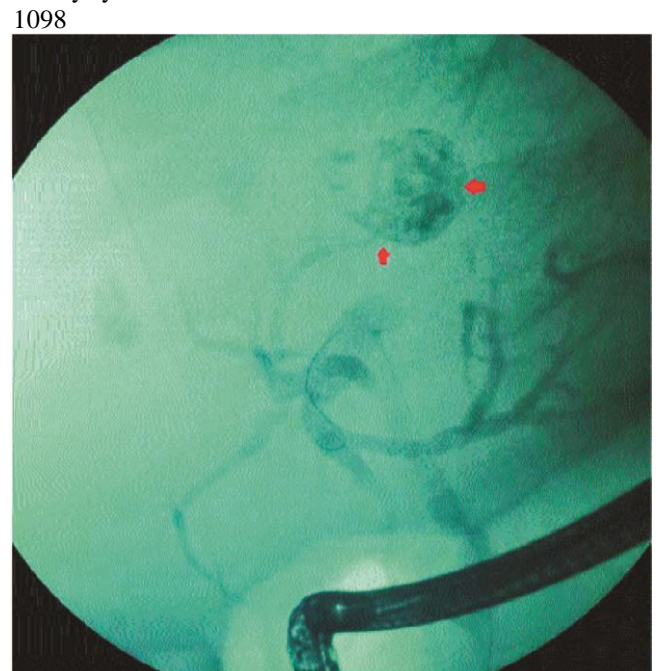
**CASE PRESENTATION**

In this study, case of a male whose age was 40 years old, was studied at Mayo Hospital, Lahore (October 2017 to March 2018). The patient was suffering with right hypochondriac discomfort, yellow discoloration of sclera and fever along with chills and rigors. Fever and vomiting were also observed due to sensitivity of pain. He was identified with hydatid cyst. This identification was done in peripheral hospital was done. The patient was examined further and found normal. He was tachypnea and tachycardia. Fever (101F) with jaundice (yellow) sclera was noticed. The blood pressure of patient was 110/10 mmhg. The abdominal region of patient was also checked. This shows the hepatomegaly with right hypochondriac and epigastric tendered. CT scan was done for abdomen and it demonstrated a large hypo dense area along with internal sedation in left lobe of liver and thick enhancing walls. TB: 7.78. ALT:32, Direct:6.5, indirect:1.28, Gamma GT: 220, Alkaline:312, Anti HCU and HBs Ag were negative according to LFTS. The level of serum lipase and serum amylase were 392

and 450 respectively. Moreover, platelets were 140,000, leukocytes were 23000 and Hb:11mg/dl creatinine electrolyte and urea were normal. The thickness of gall

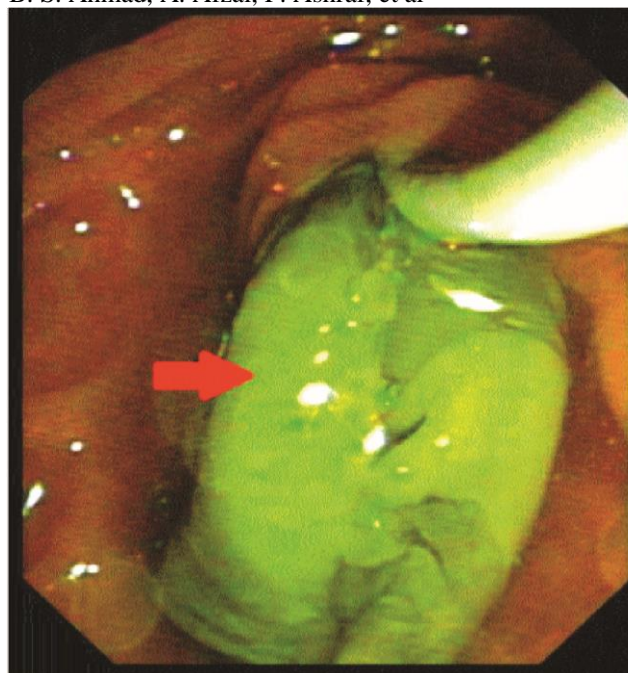


**Figure-1:** CT scan showing a large hydatid cyst and a fistula communicating between hydatid cyst and the biliary system.



**Figure-2:** Cholangiogram showing a cystic lesion present in the liver which is having communication with the right intrahepatic duct.

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**Figure-3:** ERCP was done. Arrow is indicating, hydatid cyst is coming out from the ampullary orifices during balloon sweeping.

bladder was normal and was without gall stones. Patients was suffering with pancreatitis because his pancreas was swollen largely hypo dense and enlarged. There were higher chances of biliary communications. Within the liver, multiple rounded hypo dense areas were present at the periphery measuring. Association between intra-hepatic biliary duct with a hydatid cyst and defect in distal CBD is illustrated by Cho angiogram. The presence of hydatid cyst was approved after microbiology assessment after the removal of hydatid cyst membranes. De-roofing surgery of the cyst was carried out by the common surgical team and fistula was restored.

### DISCUSSION:

Liver is the organ mostly influenced by cystic hydatid disorders (50-70). However, kidney bones lungs, brain and lungs are the organ that are the less commonly influenced by this disorder [6]. Liver is the main site of hydatid cysts. The complexities like jaundice and cholangitis due to biliary tree is not common. In this case along with hydatid cyst of liver including cholangitis, jaundice and pancreatitis many complexities were apparent. There are two forms in

which intrabiliary damage of a hepatic hydatid may happens. These include frank nipture and an occult rupture. Occult nipture is observed in our cases. This damage is noticed in 10-37% of patients. In the kind of damage, only the cystic fluid flows to the biliary tree. The chances of damage into the biliary tree exists between 3 and 17%. The percentage of occurrence of intrability rupture in right hepatic duct, left hepatic duct, hepatic duct junction or common bile duct or cystic duct is 55-60%, 25-30% and of the cases respectively [7-9]. In the present cases, there observed an anociation of biliary tree and common bile duct and this become a reason for occurrence of jaundice and cholangitis. In the history, many reasons are found for occurrence acute pancreatitis. The two-reason noticed in our study are Endoscopic retrograde cholangiopancreatography and extrinsic compression of pancreatic head. These two reasons are similar as found in history. The exacts reason of pancreatitis are not known so far. This requires more recoveries and studies. For the identification of disorder ultrasounds can be used. Others imaging methods like CT scanner MRT can also be employed for this purpose. Moreover, serology tests like as ELLSA or immunoblotting can also be used along with the above-mentioned techniques. The reactivity of these test for lungs and other organ and for liver cysts is 50-56% and 80-100% [10] if the imaging techniques serologic tests and immunologic studies are combined then it will help in effective identification of liver echinococcosis. In one third of patient's high level of serum alkaline phosphate are observed. Another common laboratory also normal [11]. The levels of alkaline phosphate were also elevated. In order to obtained the effective diagnosis many imaging methods were used in ours study. The patients were brought to general surgery department after the placement, under anesthesia, resection of cyst was undertaken. Cyst of the patients was removed. For the removal of stent, one more ERCP was done after the period of 3 months.

### CONCLUSION:

The case related to the manifestation of hydatid cyst of liver with pancreatic cholangitis and jaundice because of presence of common bile duct and biliary tree contributing to cystobilairy fistula is very uncommon. Until the complexities arise, hydatid cyst remains asymptomatic. So, it is very hard to identify the cyst at early stage. For purposeful prognosis of this disorder, there is a need of in-time involvement by ERCD.

**CONSENT OF PATIENTS**

Gastroenterology department approved the ethical letter. For printing this case, patients signed the written informed agreement.

**DISCLAIMER**

None to declare

**CONFLICT OF INTEREST:** None to declare

**DISCLAIMER:** None to declare

**Conflict of Interest:** None to declare.

**Funding Disclosure:** None to declare

**REFERENCES:**

1. Czermak BV, Akhan O, Hiemetzberger R, Zelger B, Vogel W, Jaschke W, et al. Echinococcosis of the liver. *Abdominal Imaging*. 2007; 33: 133-43.
2. Turgut A, Altın L, Topcu S, Kılıçoglu B, Altınok T, Kaptanoglu E, et al. Unusual imaging characteristics of complicated hydatid disease. *Eur J Radiol*. 2007; 63: 84-93.
3. Canyigit M, Gumus M, Cay N, Erol B, Karaoglanoglu M, Akhan O. Refractory Cystobiliary Fistula Secondary to Percutaneous Treatment of Hydatid Cyst: Treatment with N-Butyl 2Cyanoacrylate Embolization. *Card Vasc Intervent Radiol Cardiovasc Intervent Radiol*. 2010; 34: 266-70.
4. Trigui A, Rejab H, Guirat A, Mizouni A, Ben Amar M, Mzali R, et al. Hydatid cyst of the pancreas about 12 cases. *Ann Ital Chir*. 2013; 84:165170.
5. Akbulut S. Hydatid cyst of the pancreas: Report of an undiagnosed case of pancreatic hydatid cyst and brief literature review. *World J Gastroint Surg*. 2014; 6: 190-4.
6. Derbel F, Ben M, HadjHamida M, Mazhoud J, Youssef S, Ben A, et al. Hydatid Cysts of the Liver - Diagnosis, Complications and Treatment. [Online] 2017 [Cited 2015 Aug 12]. Available from URL: <https://www.intechopen.com/books/abdominal-surgery/hydatid-cysts-of-the-liver-diagnosis-complications-and-treatment>.
7. Eckert J, Deplazes P. Biological, Epidemiological, and Clinical Aspects of Echinococcosis, a Zoonosis of Increasing Concern. *Clinical Microbiol Rev* 2004; 17: 107-35.
8. Paksoy M, Karahasanoglu T, Carkman S, Giray S, Senturk H, Ozcelik F, et al. Rupture of the Hydatid Disease of the Liver into the Biliary Tracts. *Dig Surg*. 1998; 15: 25-9.
9. Zaouche A1, Haouet K, Jouini M, El Hachaichi A, Dziri C. Management of Liver Hydatid Cysts with a Large Biliocystic Fistula: Multicenter Retrospective Study. *World J Surg*. 2001; 25: 28-39.
10. Zhang W Li J, McManus DP. Concepts in Immunology and Diagnosis of Hydatid Disease. *Clin Microbiol Rev* 2003; 16: 18-36.
11. Gianluca Marrone, Francesca Crino', Settimo Caruso, Giuseppe Mamone, Vincenzo Carollo, Mariapina Milazzo. Multidisciplinary imaging of liver hydatidosis. *World J Gastroenterol*. 2012; 18:1438-47.