Article published online: 2024-02-26

Images in Gastrointestinal Infection: Endoscopic Management of Intrabiliary Rupture of the Hydatid Cyst

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J Gastrointest Infect

A 60-year-old female patient presented with a 3-month history of moderate-intensity right upper quadrant abdominal pain, accompanied by nausea and occasional vomiting. Notably, there were no reported symptoms of fever, jaundice, pruritus, or weight loss. On general physical examination, the patient exhibited no discernible abnormalities. Liver function tests were normal except raised alkaline phosphatase 740 mg/dL. Her abdominal examination revealed the presence of a vague lump in the epigastric region. Her ultrasonogram revealed distended gallbladder with multiple calculi and a large ($12 \times 9.9 \times 6.9$cm) multiloculated cystic lesion with internal membranes and echogenic contents in left lobe of the liver suggestive of hydatid cyst (►**Fig. 1A**). Lesion was communicating with left intrahepatic biliary radicles (IHBR) with the presence of mixed echogenic contents in common hepatic duct and common bile duct (CBD) causing mild dilation of bilobar IHBR. Her computed tomography confirmed the presence of large hydatid cyst in segments II and III with compression of segment IV, abutting left lobar biliary radicles with cystobiliary communication (►**Fig. 1B**). To address the biliary obstruction and cystobiliary communication, the patient was scheduled for an endoscopic retrograde cholangiopancreatography (ERCP) procedure. Hydatid cyst membranes were extracted by balloon sweep from CBD during ERCP, following which plastic 7Fr x 7cm double pigtail stent was placed (►**Fig. 1C**). The procedure was uneventful. The patient was treated with oral albendazole and attached to surgery for further management.

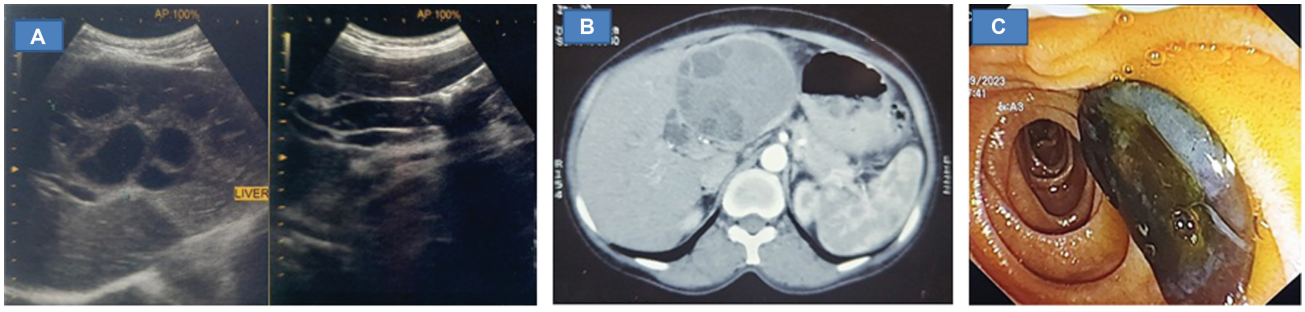

Fig. 1A–C (**A**) Ultrasonogram image showing distended gall bladder with multiloculated cystic lesion with internal membranes. (**B**) Computed tomography image showing large hydatid cyst in segements II and III of liver. (**C**) Image showing Hydatid cyst membranes extracted during ERCP.

received
October 21, 2023
first decision
November 10, 2023
accepted after revision
November 29, 2023

DOI https://doi.org/10.1055/s-0043-1778680.
ISSN 2277-5862.

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

Ethical Statement
Not applicable.

Authors' Contributions
All authors contributed equally to the article.

Data Availability Statement
There is no data associated with this work.

Funding
None.

Conflict of Interest
None declared.

Acknowledgments
None.

