Successful ERCP for Hydatic Angiocholitis with Kystobiliary Fistula

Sabbah M1*; Lassoued K2; Bellil N1; Ouakaa A1; Bibani N1; Trad D2; Elloumi H1; Gargouri D1

1Departement of gastroenterology, Habib Thameur Hospital, Tunisia
2Departement of surgery, Habib Thameur Hospital, Tunisia

Description

A 32 years old woman partly operated for hepatic hydatid cyst and cholecystectomy, presented for jaundice, fever and right hypochondrium pain. Abdominal examination showed tenderness of the right hypochondrium. Biological tests showed cholestasis with total bilirubin 123 and conjugated at 80 with elevated CRP (205) and cytolisis. Prothrombin time was normal. Abdominal ultrasound (Figure 1) and CT scan showed dilated bile duct stone with hydatic material inside as well as a cloisonned hydatid cyst of the seventh segment of the liver with heterogeneous contents with irregular wall partially calcified measuring 6 centimeters (Figure 2). The patient received antibiotherapy and ERCP was performed. After catheterism of the common bile duct (Figure 3), opacification showed a dilated bile duct with bilo-cystic communication of the right intrahepatic biliary tract with the cyst in the segment VII of the liver (Figure 4). A nasobiliary drain was put successfully and the outcome of cholangitis was favorable.

Figure 1: Abdomen Ultrasound and CT Scan.
Figure 2: Liver with heterogeneous contents.

Figure 3: The common bile duct.

Figure 4: Cyst in the segment VII of the liver.