



Young woman from southern Mexico with a 2 week history of abdominal pain

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History of the Present Illness:

29 yo F originally from southern Mexico presented with a 2 week history of intermittent abdominal pain, n/v and decreased appetite. Previously, she was evaluated in an OSH, where empiric antibiotics were started for suspected biliary tract infection.

Past Medical History:

- Acute cholecystitis (2010)
- Open cholecystectomy
- Biliary tract injury Strassberg A
- ERCP with biliary stenting

Social History:

Lives in a rural settlement, soil floor, without sewer system. She denies travel history. Has 4 dogs (w/o history of parasitosis).

Physical examination:

T: 36.4°C, BP: 90/60, HR: 70, RR: 18, Sat 92% on air room
Poor hygiene. Nits on hair shafts. RUQ/epigastric pain on palpation w/o signs of peritoneal irritation.

Laboratory findings	
WBC 11 x10 ³ (74% P, 22% E)	TB 0.9 mg/dL
Hb 13.6 g/dL	DB 0.26 mg/dL
Platelets 197 x10 ³	ALT/AST 86/ 83 U/L ALP 148 U/L
CRP 4.3 mg/dL	

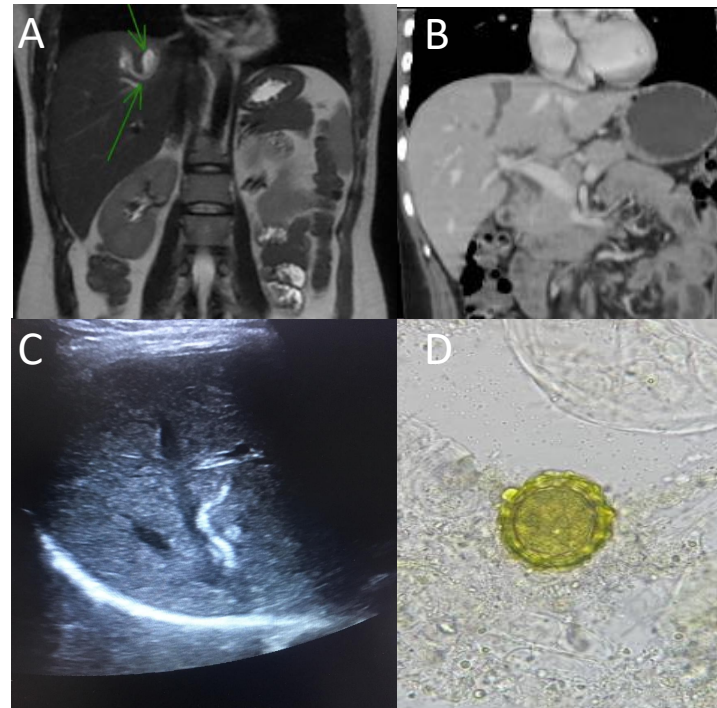


Figure. A) Abdominal MRI, linear image inside intrahepatic bile duct in relation to parasitosis. B) Abdominal CT, Intrahepatic bile duct dilatation. C) Hepatic US. D) Stool microscopy, Lugol Iodine stain, 40x

Diagnosis and follow up

- Ascaris lumbricoides** eggs and nematodes were seen in coproparasitoscopic exam
- Endoscopy extraction not feasible
- Ecocardiography and chest X rays w/o irrelevant
- Rx: oral mebendazol 100mg BID** for 3 days with clinical improvement

Discussion

Ascariasis remains a neglected tropical disease mostly affecting children and young adults. **Hepatobiliary ascariasis (HBA)** is prevalent in endemic areas of the world. However, little is known about the epidemiology in Latin America.

We present a interesting case of biliary tract obstruction due to HBA. Clinical suspicion based on epidemiological considerations is highly recommended in order to establish pertinent diagnosis and management.

References:

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