

Ascaris-mimicking common bile duct stone: A case report

Choi SY *et al.* Ascaris-mimicking common bile duct stone

Abstract

BACKGROUND

In most cases, it is not difficult to differentiate common bile duct (CBD) stone from Ascaris infection because they are different disease entities and have different imaging findings. The two diseases usually demonstrate unique characteristic findings on computed tomography or magnetic resonance cholangiopancreatography. However, we report a rare case from our experience in which a CBD stone mimicked and was misdiagnosed as Ascaris.

CASE SUMMARY

A 72-year-old male presented with elevated serum liver enzymes. Computed tomography showed a hyper-attenuated, elongated lesion in the CBD lumen and associated biliary inflammation. Magnetic resonance cholangiopancreatography and **1** endoscopic retrograde cholangiopancreatography revealed a linear filling defect in the **bile duct**. Moreover, elongated echogenic material with a central hypoechogenic area was seen on endoscopic ultrasound. Although the imaging findings caused us to suspect infection with the nematode Ascaris, the lesion was revealed to be a dark-brown-colored CBD stone through endoscopic extraction.

CONCLUSION

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Fig. 1: EUS image showing two round filling defects in the lower portion of the bile duct

CASE REPORT

ASCARIASIS MIMICKING GALL STONE IN COMMON BILE DUCT: A CASE REPORT

OBJECTIVE: To report a case of biliary ascariasis mimicking gall stone in common bile duct (CBD) and its management.

KEYWORDS: Ascariasis, biliary ascariasis, common bile duct, endoscopic retrograde cholangiopancreatography (ERCP), gall stone.

INTRODUCTION: Ascariasis is one of the commonest intestinal helminth infections in the world. It is caused by the roundworm *Ascaris lumbricoides*. The adult worms are found in the small intestine. They are usually 15-35 cm long and 1 cm wide. They are white, cylindrical, and have a pinkish-red head. They are found in the small intestine, but they can also migrate to other parts of the body, including the bile duct. Biliary ascariasis is a rare complication of ascariasis. It occurs when the adult worms migrate into the bile duct. This can cause obstruction of the bile duct and lead to complications such as cholangitis, pancreatitis, and biliary obstruction. The diagnosis of biliary ascariasis is often made by imaging studies, such as ultrasound (US) or endoscopic retrograde cholangiopancreatography (ERCP). The treatment of biliary ascariasis is usually medical, with the use of anthelmintic drugs. In some cases, surgical intervention may be required.

CASE REPORT: A 47-year-old female patient presented with abdominal pain and jaundice. She had a history of chronic liver disease. She was treated with antibiotics and supportive care. However, her symptoms did not improve. She was then referred to the gastroenterology department for further evaluation. An ERCP was performed, and two round filling defects were seen in the lower portion of the CBD. These were identified as adult Ascaris worms. The worms were removed using a snare. The patient was treated with albendazole and recovered well.

CONCLUSION: Biliary ascariasis is a rare complication of ascariasis. It can cause obstruction of the bile duct and lead to complications. The diagnosis is often made by imaging studies. The treatment is usually medical, with the use of anthelmintic drugs. In some cases, surgical intervention may be required.

STORY

- A 38YO WOMAN WENT THROUGH AN ACUTE EPIGASTRIC PAIN AND VOMITING FOR 4 DAYS.
- ABDOMINAL ULTRASOUND DETECTED A BIG GALL-BLADDER WITHOUT STONE, AND COMMON BILE DUCT (CBD) DILATED OF 1 CM WITH TUBULAR ECHOREGIC STRUCTURE INSIDE. NO SHADOWING LOOK LIKE AN ASCARIS WHICH WAS STILL ALIVE.
- ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) PRESENTED A WORM INTO CBD THROUGH THE PAPILLA AND EXTRACTING IT BY SNARE. ABDOMINAL SYMPTOMS HAS RESOLVED AND THE PATIENT REMAINS WELL WITHOUT SIGN OF CHOLANGITIS.
- AN ASCARIS STILL MOVES WEAKLY WHEN BEING OUT FROM CBD BECAUSE HAVING A VULVAR WAIST AND NOT A HOOK AT ITS POSTERIOR. IT IS A FEMALE ADULT WORM.
- WHY DOES AN ADULT ASCARIS MOVE UP TO AN ECTOPIC PLACE (COMMON BILE DUCT INSTEAD OF JEJUNUM)?

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Rarely it migrates through the ampulla of Vater and enters the **common bile duct**. We are reporting a **case** of gall bladder ascariasis causing acute cholecystitis treated by laparoscopic cholecystectomy.

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Ascariasis, the most **common** helminthic infection is caused by ascaris lumbricoides. Usually the adult worm lives in the small intestine. Rarely it migrates through the papilla of Vater and may enter the **common bile duct**. We are reporting a **case** of gall bladder ascariasis. Presence of Ascaris lumbricoides in gallbladder is rare entity as it is difficult to reach there due to narrow and tortuous ...

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