

Clinical Image

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Successful ERCP for Hydatid Angiocholitis with Kystobiliary Fistula

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Description

A 32 years old woman lastly operated for hepatic hydatid cyst and cholecystectomy, presented for jaundice, fever and right hypochondrium pain. Abdominal examination was showed tenderness of the right hypochondrium. Biological tests showed cholestasis with total bilirubin 123 and conjugated at 80 with elevated CRP (205) and cytolysis. Prothrombin time was normal. Abdominal ultrasound (Figure 1) and CT scan showed dilated bile duct stone with hydatid 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 bilio-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.

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Figure 2: Liver with heterogeneous contents.



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



Figure 3: The common bile duct.