
FASCIOLA GIGANTICA INFESTATION: A CASE REPORT**Mohammed H Saeed**

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Abstract

Fascioliasis is one of the zoonotic infestations which become world wide in distribution in the last twenty years. Clinical awareness of this entity of infestation is so important as it may masquerade as liver abscess and or infected liver cysts as hydatid as well as it is potentially reversible treatable infection and carries excellent prognosis if diagnosed early and treated properly .

Case

Twenty five years old house wife presented with upper abdominal pain predominately to the right side, it was vague in character and neither related nor aggravated by any factors.

This pain was associated with fever of intermittent pattern, chills and rigor and poor appetite. She had normal bowel motion, normal stool and urine color.

No other significant manifestations mentioned. Past, family and drug history were not significant.

Socio-occupational history: she lives in a rural area, usually in contact with animals, water cress as well customly eat vegetables.

On examination: She looks ill with thin built, raised body temperature and pulse rate, while other vital signs were normal. Chest examination revealed harsh vesicular breath sounds and normal double rhythm. Abdominal examination reveals deep right hypochondriac tenderness and hepatomegaly.

Work-Up Study:

Hb % = 9.8 g/l .

WBC count = 6000 cell / cmm .

RBS, Blood Urea, S.Creatinine were normal .

Liver & Renal function tests were normal .

Total S.Protein with its fractionations were normal .

ESR = 106 mm/hr .

Abdominal Ultra Sound: multiple liver cystic masses around three in number of variable size as 7 x 4.5 cm, 6 x 4 cm in the right lobe and 4 x 2.7 cm in the left lobe, with ill defined margins of early abscess formation. liver size was normal.

According to these findings, we approached the patient as follow: Admission to hospital, Observation specially the fever pattern, Broad spectrum antibiotic instituted as; Cefotaxime 1 gm i.v tds and Metronidazole of 500 mg i .v tds, Prepare two units fresh blood, Prepare the patient for surgery, Kept differentials as liver abscess or infected hydatid.

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Exploration was done as follow: Right subcostal incision, Multiple liver cystic lesions with necrosis were found, clotted blood as well, there were leaf like fleshy small structures as 2.5 cm inside those cysts, as parasite. Specimens were taken for histopathological and parasitological exam. Two drains left and closure in layers.

Postoperative notes: Antibiotic treatment as Cefotaxime 1 gm i.v tds and Metronidazole of 500 mg i.v tds, I.v fluid, Drains were dry and removed at 5th postoperative day, Praziquentel tab. 25 mg /kg tds. in one day, Fever decreased day by day. Patient was discharged well at 8th post operative day.

Discussion

Although *Fasciola gigantica* is common in certain parts of the world of Asia, Africa & Western Pacific, it is unknown in southern Iraq.

The diagnosis of this case in this part of the world points to its increasing popularity in areas unknown to harbour it.

Surgeons who deals with liver abscesses and infected parasitic cysts should bear this in mind.

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Two adult flukes



thickened bile ducts

Reference

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