

Successful Ercp for Hydatid Angiocholitis with Kystobiliary Fistula

Sabbah M^{1*}, Lassoued K¹, Bellil N¹, Ouakaa A¹, Bibani N¹, Trad D, Haddad D², Elloumi H¹ and Gargouri D¹

¹Departement of gastroenterology, Habib Thameur Hospital, Tunisia

²Departement of surgery, Habib Thameur Hospital, Tunisia

Volume 3 Issue 4- 2020

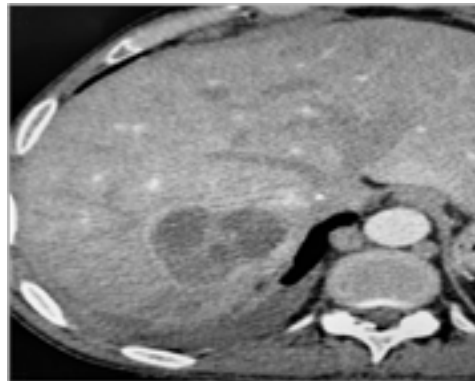
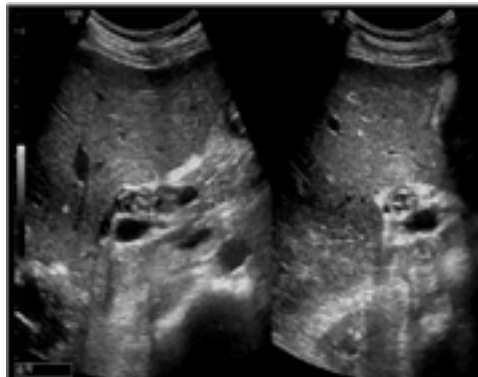
Received Date: 10 Feb 2020

Accepted Date: 29 Feb 2020

Published Date: 05 Mar 2020

1. Clinical Image

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 anti biotherapy and ERCP was performed. After catheterism of the common bile duct (figure 3), opacification showed a dilated bile duct with 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.



*Corresponding Author (s): Sabbah Meriam, Departement of surgery, Habib Thameur Hospital, 8 Rue El Messelekh, Montfleury, 1008, Tunis, Tunisia, Tel: +21671345000; E-mail: sabbah_meriam@yahoo.fr

Citation: Sabbah M, Successful Ercp for Hydatid Angiocholitis with Kystobiliary Fistula. Journal of Clinical and Medical Images. 2020; V3(4): 1-2.

