



Fascioliasis: A Rare Case Mimicking Cholelithiasis

Fasiyoliyaz: Kolelitiyazisi Taklit Eden Nadir Bir Olgu

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Summary

Fascioliasis is a zoonotic disease that is very rarely seen in human beings. Histopathological examination of surgical specimen of a 43-year-old male patient who underwent surgery for cholelithiasis revealed the presence of *Fasciola hepatica*. Fascioliasis has liver (acute) and biliary (chronic) phases. Peripheral eosinophilia is dominant during liver phase; signs of cholelithiasis are dominant in biliary phase.

Keywords: Cholelithiasis; eosinophilia; *Fasciola hepatica*.

Özet

Fasiyoliyaz insanlarda çok nadir gözlenen zoonotik bir hastalıktır. Kırk üç yaşında kolelitiyazisi tanısıyla ameliyat edilen erkek hastanın safra kesesi patolojik değerlendirmesinde *Fasciola hepatica* tespit edildi. *Fasciola hepatica*'nın, karaciğer (akut) ve biliyer (kronik) fazları bulunmaktadır. Karaciğer fazında periferik eozinofili hakimdir. Biliyer fazda kolelitiyazisi bulguları hakimdir.

Anahtar sözcükler: Kolelitiyazisi; eozinofili; *Fasciola hepatica*.

Introduction

Fascioliasis is a zoonotic disease very rarely seen in human beings. It generally leads to infection in cattle and sheep, but this parasite can also infect human beings coincidentally. Aquatic plants and vegetables such as grasses, watercress, and water mint are sources of metacercariae. Mammals can acquire the infectious agent *Fasciola hepatica* through ingestion of contaminated water or vegetation.^[1,2] Detection of the parasite, which eventually settles in the biliary tract, can be made by observing eggs in stool. In this article, a case of fascioliasis that was discovered in a patient who was operated on with presumptive indication of cholelithiasis is presented. Histopatho-

logical examination of a surgical specimen revealed the presence of parasites and provided diagnosis of fascioliasis.

Case Report

A 43-year-old male patient was evaluated in the surgical clinic for dyspepsia with a history of nearly 1 year. Without any antecedent comorbidity, ultrasonographic diagnosis of the patient was cholelithiasis, necessitating cholecystectomy. Histopathological evaluation of gallbladder detected presence of *Fasciola hepatica* (Figure 1). Postoperative immunological evaluation revealed positive indirect hemagglutination test result. Postoperative microbiological exami-

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Figure 1. *Fasciola hepatica*. Color images can be seen in online issue of the journal (www.keahdergi.com).

nation of feces disclosed encapsulated eggs of the parasite. Patient received triclabendazole treatment during postoperative period, and no comorbidities were encountered during follow-up visits. Informed consent was taken from the patient.

Discussion

Fasciola hepatica has hepatic (acute), and biliary (chronic) phases. Manifestations of cholelithiasis are marked during the biliary phase, and cure can be achieved with cholecystectomy and anthelmintic treatment.^[2] Many infections caused by this parasite are asymptomatic. Manifestations of acute disease occur when parasite traumatizes parenchyma of the liver to reach biliary tract. Presence of parasite leads to proliferation of the ductal epithelium, inflammation, and fibrosis. Severe infection may lead to cholestasis, hepatic atrophy, and cirrhosis. However, in chronic phase of infection, biliary colic and cholangitis are detected. *Fasciola* species are refractory to praziquantel therapy, and triclabendazole should be preferred.^[3-5] In the present case, triclabendazole treatment was adminis-

tered, and no complications were observed. In Turkey this parasite is endemic; however, it is rarely seen in cases with cholelithiasis. Occasionally it can be seen in the gastrointestinal system, and particularly the colon. In such a case, colon cancers should be kept in mind in the differential diagnosis.^[6,7] The present case indicates that infestation of *Fasciola hepatica* should be considered for patients diagnosed as cholelithiasis.

Conflict of interest

None declared.

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