



Worms in the Common Bile Duct Mimicking as CBD Stones

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Received: August 24, 2023

Published: October 20, 2023

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Abstract

Ascaris is common infection in the developing world. It may invade the CBD leading to fever, abdominal pain or jaundice. We hereby share our experience of managing such a patient.

Keywords: CBD Worm; Ascaris; CBD Stone; ERCP

Case History

A 66-year-old female, known hypertensive, with a history of cholecystectomy was referred to the gastroenterology opd with complaints of abdominal pain, vomiting along with fever for the past 1 week.

Her abdominal pain was mild to moderate in intensity, colicky in nature which was relieved on taking Painkillers (NSAIDs). While her vomiting occurred 1-2 times in a day, was watery and greenish to yellow in color. She also complained of low-grade fever, with a tmax 100 F which was not associated with rigors nor chills. There was no history of jaundice, weight loss, diarrhea during this same time period.

Labs showed: Hb 9.9 g/dl, TLC 15 x10⁹U/L, N 49% L 20% E 23%, Platelets 485 x 10⁹U/L, TBR 0.38mg/dl, DBR 0.14mg/dl, ALP 143U/L, SGOT 10 U/L, SGPT 20 U/L, GGT 248 U/L.

Ultrasound abdomen showed a dilated CBD of 0.8cm with normal IHDs with rest of the findings appearing unremarkable. It was decided to go for an endoscopic retrograde cholangiopancreatography (ERCP). Her ERCP showed normal ampullary opening with biliary cannulation being achieved easily. Dye was injected to outline moderately dilated CBD with two longitudinal linear filling defects

(worms) in the CBD. Sphincteroplasty followed by multiple balloon sweeps were done to remove the worms and later on a pigtail stent of 7Fr 7cm was deployed.

Based on ID Consult, it was decided to deworm the patient by giving her albendazole. The patient had an asymptomatic recovery with improvement of her liver function and her symptoms.

Discussion

Ascaris infects 33% of the world's population.¹ It is commonly seen in the tropics where there is lack of hygiene, malnutrition and heavy rainfall. Adult humans are infected via the ova, which then reinfect the humans as larvae [1].

- Uncommon locations of ascaris include the gall bladder, bile duct, hepatic duct along with the pancreatic ducts [2].
- On imaging like CT scan ascaris look as lengthen structures located inside the CBD, while on MRCP they appear as double tube defect [2].
- The mid to distal CBD is usually not visualized on ultrasound hence an MRCP is advised [3].
- Ascaris can be distinguished from CBD worms on imaging by their thickness and longer length when compared with CBD stone [4].

- ERCP is mainly used for the removal of the worm with sphincterotomy being often employed in difficult cases [2].

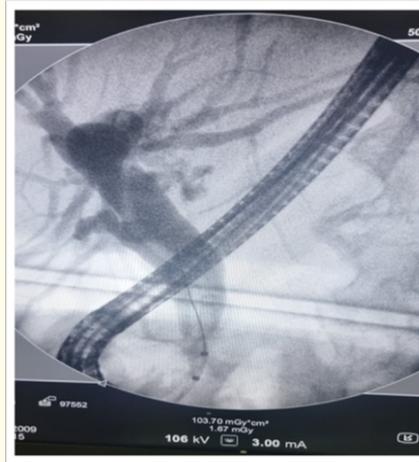


Figure 1: ERCP Image showing the presence of CBD worm.



Figure 2: CBD worm after removal.

Conclusion

Our case highlights the importance of correlating symptoms with lab findings for better identification and management of the patient.

Bibliography

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