An unusual cause of biliary colic

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DESCRIPTION

A 40-year-old woman presented with postprandial abdominal pain in the epigastric region for 4 days. In the past 6 months, she had intermittent abdominal pain in spite of 6 weeks of proton pump therapy and weight loss of 10 kg. She denied any history of melena, haematochezia, fever, jaundice, vomiting or diarrhoea. Her physical examination was unremarkable. Laboratory studies revealed mild leucocytosis (11 540/mm³), normal haemoglobin level, normal pancreatic enzymes, mild transaminitis (aspartate transaminase: 82 IU (normal range: 30–40 IU/dL) and alanine transaminase: 94 IU (normal range: 30–40 IU/dL)) and normal iron studies. She underwent upper endoscopy in view of her dyspeptic symptoms and weight loss. Upper endoscopy revealed ascaris lumbricoides (B) emerging from the major duodenal papilla (A) (figure 1). Following endoscopic extraction of the worm, the patient had clinical recovery with oral albendazole. During follow-up, her liver enzymes and biliary imaging were normal.

Learning points

- ▶ *Ascaris lumbricoides* is one of the most common intestinal helminthic infestations affecting nearly one billion people of all ages worldwide, of which 73% live in Asia.¹
- ▶ In endemic areas, most of them present with non-specific symptoms. Migration of the worm into the biliary tree can present with hepatobiliary and pancreatic symptoms.
- ▶ Diagnosis is usually by stool microscopy. Ultrasound, CT and MRI can also help visualise the worms when the infestation is heavy. Endoscopic removal of the worm from the biliary tree results in immediate complete resolution of symptoms.² This has to be followed by antihelminthic treatment with agents such as albendazole (400 mg once a day) or mebendazole (500 mg once a day or 100 mg twice a day for 3 days) for complete resolution of the infestation.³ Pyrantel pamoate is the agent of choice for pregnant women.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 Biliary ascariasis—*ascaris lumbricoides* (B) emerging out of the duodenal papilla (A).

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