

Biliary Ascariasis – A Letter to the Editor

Sir,

We read with interest "Biliary Ascariasis", a letter to the editor send by PH Ding in your journal 1995;50 : 118-9. His adult patient was treated successfully by endoscopic removal of worm from the bile duct¹.

As opposed to the author, we would like to share our experience in treating biliary ascariasis in a child conservatively and successfully, and sonography as the confirmatory investigation.

Our patient is a eight-year-old girl presented with epigastric pain, vomiting and passing out round worms per rectum. On examination, the abdomen is soft and non-tender. Full blood count showed haemoglobin of 11.4 g/dl, total white count of $9900 \times 10^9 / l$ with normal differential count. *Ascaris lumbricoides* and *Trichuris trichuria* ova are seen in faecal examination. Liver function tests showed a high alanine and aspartate aminotransaminase. Ultrasound showed multiple, long, linear and curved echogenic structures with no acoustic shadowing. A few of these showed long linear central hypoechoic tube. They were within extra and intra-hepatic bile ducts. The gall bladder was distended with thick wall (6mm) with no stones. A diagnosis of biliary ascariasis and acute acalculous cholecystitis were made. He was treated with antihelminthic drugs – Combantrin 400 mg and anti-spasmodic (Buscopan). Repeat ultrasound revealed less in number of the echogenic structures and the gall bladder was normal a week later. She recovered fully and discharged home well after fourteen days hospital stay.

Biliary ascariasis was a predominantly a disease of adult and incidence in children is rare as in our patient, although children are more susceptible to round worm infestation².

It is suggested that children may escape invasion of the biliary tree by worms due to their narrow biliary passages².

Ultrasound was confirmatory in our patient and it is sensitive, accurate, rapid, noninvasive and using no ionising radiation method of diagnosis. Intravenous cholangiography is now an obsolete investigation for suspected biliary ascariasis and was used as an aid to diagnosis before the era of ultrasound. Endoscopic retrograde cholangiopancreatography (ERCP) is an excellent diagnostic tool and should be limited for non-confirmatory sonography.

We agree with PH Ding where conservative management using antihelminthic should be used first. Failing this, removal of worms can then be done using ERCP if the service is available. Surgery only reserved for those cases where the above two therapeutic options failed.

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References

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2. Khuroo MS, Zargar SA. Biliary Ascariasis. A common cause of biliary pancreatic disease in an endemic area. Gastroenterology 1985;88 : 418-23.

Post Mortem Caesarian Section

Sir,

Post-mortem Caesarian sections are steeped in mythology and history. Aesculapius, the son of Apollo was removed from the abdomen of his previously killed mother. In 1578 Guilo Cesari Arantius performed a Caesarian operation, delivering a live child from a woman who had been killed in the last month of her pregnancy¹.