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Liver Metastatic Lesions or Fluke, What is the Diagnosis?

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Introduction

A 48-year-old rural woman with no major medical history presented with abdominal pain since 3 months before with intermittent nausea, vomiting and 4-5 kg weight loss during the last month. She had no other systemic symptoms. In physical examination, mild to moderate tenderness on abdominal right upper quadrant (RUQ) was the only remarkable finding. Abdominopelvic computed tomography (CT) scan with contrast showed multiple low density lesions in liver parenchyma accompanied by a small lymphadenopathy (17 mm) at the portocaval area. Radiologist's report mentioned that the lesions were highly suggestive for multi-centric hepatic metastases and the patient was referred to our center.

Laboratory tests showed elevation in liver enzymes as aspartate aminotransferase (AST) (30 IU/l), alanine transaminase (ALT) (58 IU/l), and alkaline phosphatase (ALP) (847 IU/l), erythrocyte sedimentation rate (ESR) (94), and the level of C-reactive protein (CRP) (37), and also lactate dehydrogenase (LDH) (873 IU/l). In blood count (CBC), marked eosinophilia (53%) was detected.

The review of abdominal computed tomography (CT) scan revealed multiple hypodense lesions with cave and tunnel view (Figures 1-3, before treatment) which was reported typical for Fasciola hepatica. The serological test for Fasciola hepatica was clearly positive (1/64) and then, therapy for Fasciola (triclabendazol single dose 750 mg) was prescribed.

After two months, patient's general condition clearly improved.

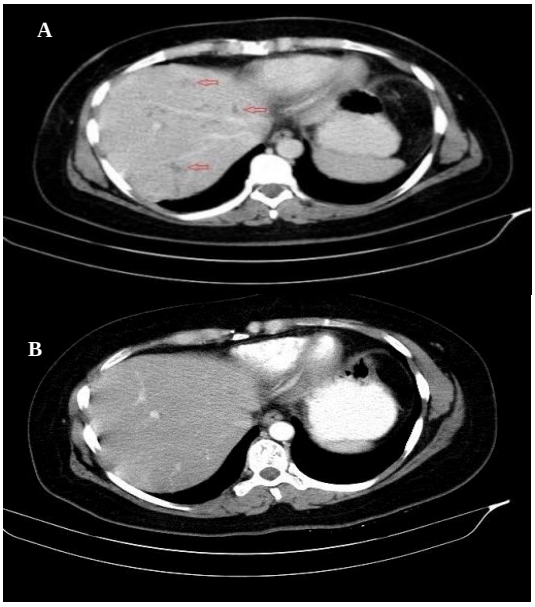

Figure 1. Liver computed tomography (CT) scan, before treatment (A) and after treatment (B)

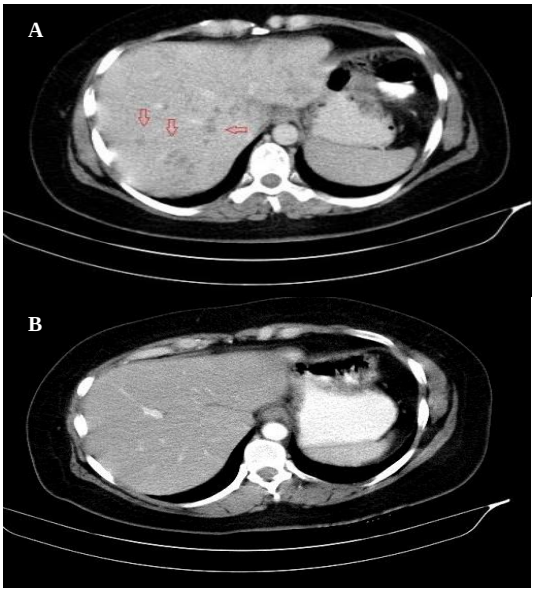

Figure 2. Liver computed tomography (CT) scan, before treatment (A) and after treatment (B)

Liver enzymes level and eosinophil cell count both returned to normal.

Abdominopelvic CT scan for control showed that all hypodense lesions in liver parenchyma disappeared (Figures 1-3, after treatment).

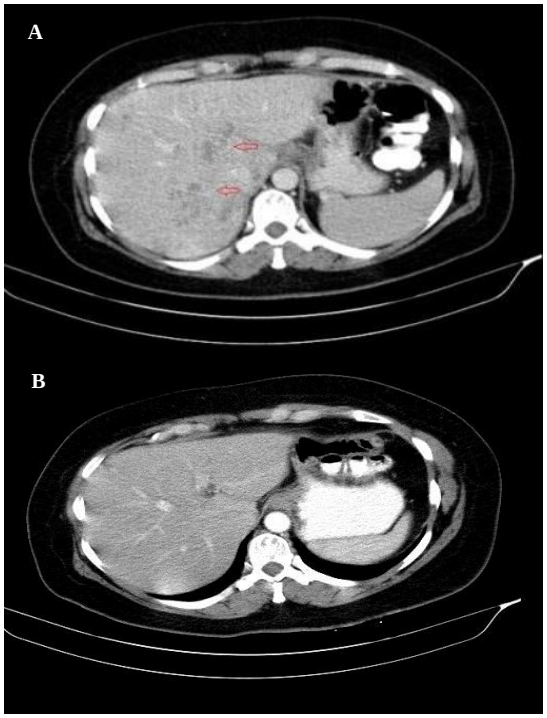

Figure 3. Liver computed tomography (CT) scan, before treatment (A) and after treatment (B)

Conflict of Interests

Authors have no conflict of interests.

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