Clinical Image

Hepatopulmonary Fistula Secondary to Liver Hydatid Disease

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CLINICAL IMAGE

A 69 year old woman presented to the emergency department with a 2 day history of haemoptysis, cough and fever. She had a known history of hydatid liver disease diagnosed 3 months earlier and was on treatment with oral praziquantel and albendazole.

On examination she was clinically septic. Chest X-ray revealed collapse and consolidation of the right lower lobe of the lung. CT scan (Figure 1) and MRI of chest and abdomen (Figure 2) confirmed the diagnosis of hydatid disease arising in the liver, eroding through the diaphragm into the right lower lobe of the lung causing a hepato-bronchial fistula and resulting into haemoptysis and coughing. The patient underwent a right posterolateral thoracotomy followed by right lower lobectomy, debridement of the empyema and evacuation of the liver cavity with repair of the diaphragm. The postoperative period was uneventful and patient was discharged home on day 11 in good clinical condition.

Although the incidence of Echinococcosis has been decreased worldwide, hepato-bronchial fistula remains a clinical entity associated with high morbidity and mortality. It should be considered in the differential diagnosis of patients with liver hydatid disease developing respiratory symptoms and hemoptysis.