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Clinical Image

Hepatopulmonary Fistula Secondary to Liver Hydatid Disease

Nikolaos Panagiotopoulos* and David Lawrence

Department of Cardiothoracic Surgery, University College London Hospitals, London

***Corresponding author**

Nikolaos Panagiotopoulos, Cardiothoracic Surgery Department, Consultant Thoracic Surgeon, The Heart Hospital, University College London Hospitals (UCLH), 16-18 Westmoreland Street, London, Tel: 00447752194604; Email: nikolaos.panagiotopoulos@nhs.net

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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 hydatic 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.

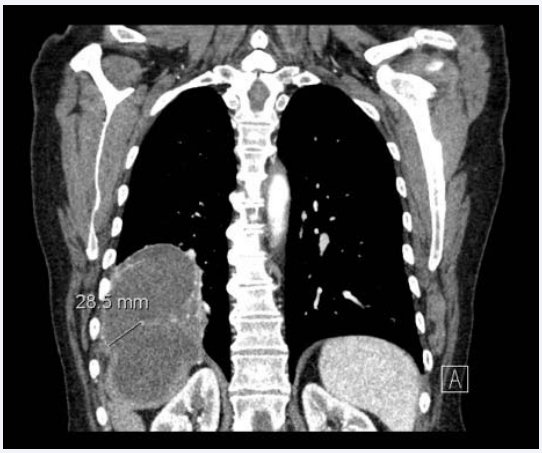

Figure 1 CT scan demonstrating the hydatic liver disease eroding the diaphragm and extending into the right lower lobe of the lung.

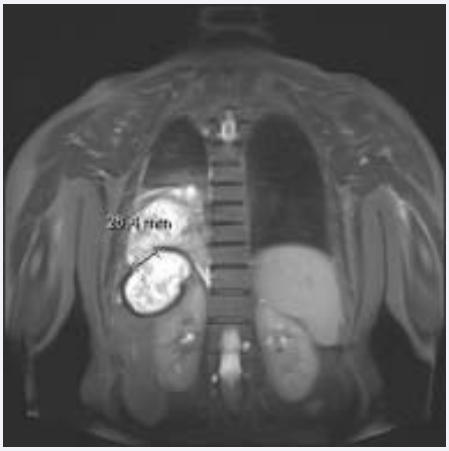

Figure 2 MRI scan demonstrating the hydatic liver disease eroding the diaphragm and extending into the right lower lobe of the lung.

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 hydatic disease developing respiratory symptoms and hemoptysis.

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