

Endoscopic Treatment of a Bronchobiliary Fistula Due to Complicated Hydatid Cyst After Surgical Intervention: A Case Report

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ABSTRACT

Hydatid cyst is an infectious parasitic disease often caused by *Echinococcus granulosus*, or to a lesser extent by *Echinococcus alveolaris*. The liver is the organ most frequently involved.

We report a case with hydatid cyst of the liver and lung that many years after surgery developed bronchobiliary fistula and biliptysis. The patient had been operated 2 times previously but yet the problem was present. Endoscopic retrograde cholangiopancreatography (ERCP) was used successfully for treatment. We present the result of ERCP and endoscopic sphincterotomy in the management of biliary hydatid disease.

Bronchopleural fistula after hydatid cyst surgery could be cured by ERCP and sphincterotomy with or without stent insertion.

Keywords: Hydatid Cyst, ERCP, Fistula

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INTRODUCTION

We report a case with hydatid cyst of the liver and lung that many years after surgery presented with bronchobiliary fistula and biliptysis. Although the episodes of biliptysis were severe and frequent, the patient underwent ERCP with sphincterotomy with successful result.

Hydatid cyst is an infectious parasitic disease often caused by *Echinococcus granulosus* or to a lesser extent by *Echinococcus alveolaris*. The liver is the most frequently involved organ

(70 %). An enlarged cyst leads to distension of neighboring bile duct secondary to compression of the duct; and erosions occur in the extremely distended bile duct, resulting in a fistula. The incidence of postoperative biliary fistula ranges from 4% to 28% .(1) Bronchobiliary fistula which often presents with biliptysis is a rare but serious complication after hepatic resection.

Biliary fistula develops in 4%-28% of patients after hepatic hydatid disease (HHD) surgery.

Although endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic sphincterotomy (ES) are helpful in the treatment of this complication, persistent fistulas may occur. (2,3), In managing bronchobiliary fistula, it has been reported that surgical approaches should be considered only after failure of aggressive attempts through nonsurgical interventional techniques such as endoscopic retrograde cholangiography

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