



## IMAGE ARTICLE

# A Rare Case: Intrabiliary Obstruction due to Ruptured Hepatic Hydatid Cyst

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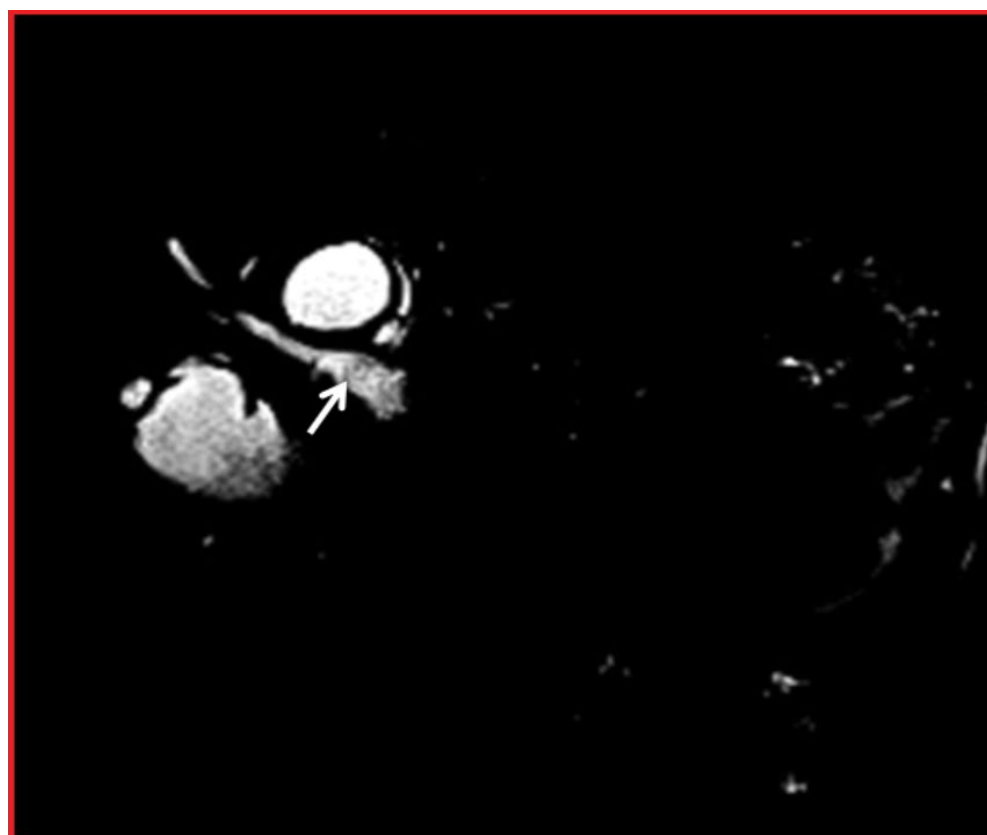
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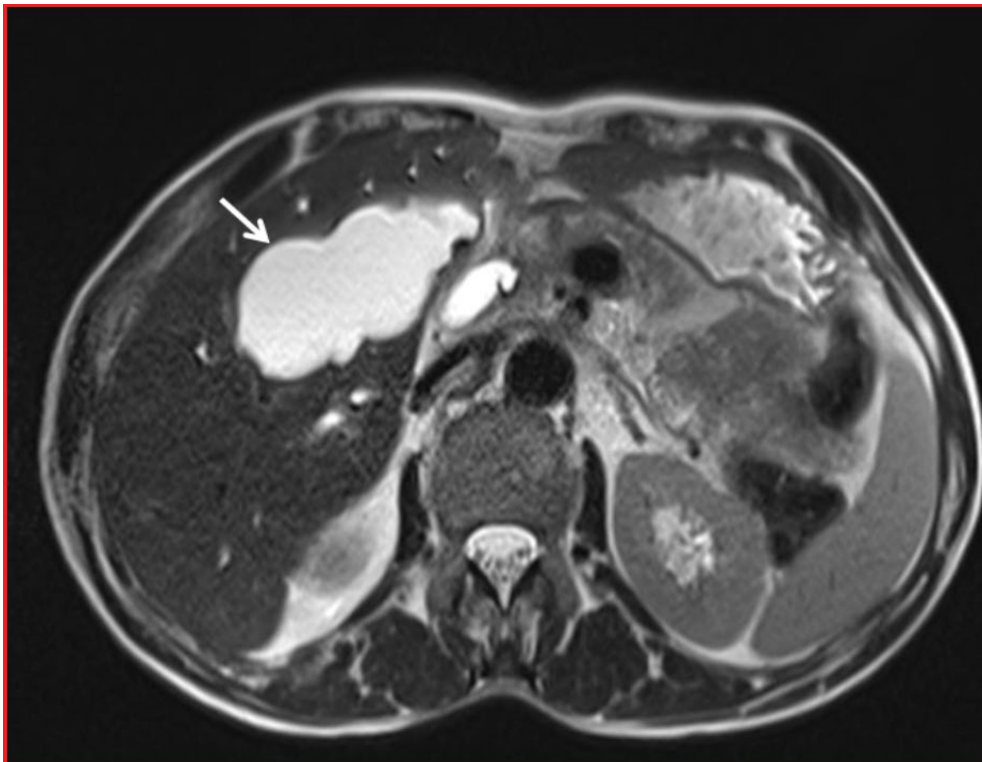
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### Keywords

Hydatid cyst, Biliary, Ruptured, MRCP



**Figure 1:** Magnetic Resonance Cholangiopancreatography (MRCP) shows dilatation of the extrahepatic bile ducts and fragmented membranes in the common biliary duct (white arrow).



**Figure 2:** Axial T2 weighted image shows a hydatid cyst lesion with decreased volume and lobulated contour in the segment 6 of the liver (white arrow).

A 69-year-old man was admitted to our department with a 2-day history of jaundice, nausea, and vomiting. MRCP showed that dilatation of the intra and extrahepatic bile ducts and fragmented membranes in the common biliary duct (Figure 1). Additionally, a hydatid cyst which is lost of volume tension was detected in segment 6 of liver (Figure 2). Impaction of hydatid material into the common bile duct was relieved endoscopically.

Cystic echinococcus is caused by the larval form of tape worm *Echinococcus granulosus*. Among the complications of hydatid liver disease, spontaneous cyst rupture into the biliary tract is unusual. Hydatid cyst rupture has been classified into three types: Contained (when only the endocyst ruptures and the cyst contents are confined within the pencyst); communicating (when the cyst contents escape via biliary radicles that have been incorporated in the pencyst); and direct (when both the endocyst and the pericyst tear, allowing cyst contents to spill into the pleural or pentoneal spaces) [1,2]. Most hydatid cysts of the liver eventually leak into small bile ducts or perforate into larger ones. Less frequently, a large bile duct is involved, allowing daughter

vesicles and/or fragmented membranes to escape into the biliary tree. In this situation, obstructive jaundice or cholangitis is much more common than when the communication is small [3].

### Source(s) of Support

None.

### Conflicting Interest

None.

### References

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