

PARASITOLOGY

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Reporting of *Fasciola hepatica* in Nepal for the first time

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Introduction: Fascioliasis is an infection caused by *Fasciola hepatica*, the sheep or common liver fluke. Fascioliasis includes biliary colic, with vomiting, persistent diarrhea, jaundice and a tender hepatomegaly with peripheral eosinophilia (40-85%). Infection occurs following the ingestion of the encysted cercariae (metacercaria) of the fluke commonly found in water-cress. This is a common mode of infestation of the definitive host (sheep, goat and cattle) of the parasite. Humans also get infected in the same manner; intermediate host is Snails of genus *Lymnaea*.

Case Report-1: We have detected first case of *Fasciola hepatica* in Nepal. Adult worm was found in the biliary tract of the patient during ERCP and their eggs (ova) were found during stool examination. For treatment, we used Nitazoxanide which was not found in Nepal and was brought from India. After 7 days of medication, patient's condition improved and follow up of 3 stool-examinations showed no eggs of *Fasciola hepatica*. Prior to the visit to our hospital (TUTH Kathmandu Nepal), she had already visited to different hospitals of Nepal and also India and was admitted with different provisional diagnosis like hepatocellular carcinoma, obstructive jaundice, cirrhosis of liver. She belongs to a poor family (daily labor) but has done all the required investigations for her provisional diagnosis with expenditure of Rs. 3-5 lakhs, yet her diagnosis was not confirmed. She has history of consumption of water cresses from river bank of her village which supported our diagnosis.

Case Report-2: Few weeks later, we found second case of *Fasciola hepatica*. Adult worm was found in the antrum of stomach (unusual site) on endoscopy. Endoscopy was done for melaena. On stool examination, we found ova of *Fasciola hepatica* along with the larva of *Strongyloides stercoralis* co-infection. Again we brought Nitazoxanide (500 mg BD 7 days) from India for *Fasciola hepatica* and abendazole 400 mg BD 3 days for *Strongyloides*. On follow up of stool examination, no eggs of *Fasciola hepatica* seen but larva of *Strongyloides stercoralis* were numerous. We treated the patient with Ivermectine and on further follow up examination there were no eggs of *Fasciola hepatica* and larva of *Strongyloides stercoralis*. This case also gives the history of consumption of water cresses from Local River.

Biography

Ranjit Sah is a Resident at Institute of Medicine of Tribhuvan University Teaching Hospital, Nepal. He has been undergoing researches regarding various clinical cases during his study period. He has done research on differentiation of *Taenia* species by simple ZN stain and the article was published in JIOM with title "Identification of *Taenia* in a 6 year old child". He has identified for the first time cases in Nepal like *Acanthamoeba* in corneal scraping of a patient with keratitis and *Toxoplasma* parasite (tachyzoite and bradyzoites) demonstrated in vitreous fluid etc.

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