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A case report: A dramatic response to Albendazole in a case of a large hepatic focal lesion mimicking hepatocellular carcinoma

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An 81 years old lady, presented with Anorexia and severe epigastric pain for 2 weeks was presented. It was of gradual onset and slowly progressive course, dull aching in character and was associated with vomiting and jaundice. There was no GI bleeding or change in bowel habits. There was no history of ascites, or any other abdominal swellings. In addition, there were no constitutional manifestations like night sweat, night fever, Her HBA1C was 5.8%. At presentation, ECG revealed no abnormalities, however, abdominal ultrasound was done and revealed mild bright hepatomegaly with hypoechoic left lobe hepatic focal lesion at segment II, about (7×6.8 cm) with multiple calcifications (hydatid disease??) and chronic calculous cholecystitis with normal spleen and no ascites. Subsequently, AFP and hydatid serology were requested and the results were 1.11 ng/ml and 1/80, respectively. Triphasic C T was also done and revealed a left hepatic lobe segment II hypodense focal lesion (8×7 cm) with no contrast enhanced at all phases of study and calculous gall bladder. The patient received Albendazole and UDCA (t.d.s) for 4 weeks then follow up ultrasound was done and revealed a hypoechoic hepatic focal lesion (10×8.6 cm) with calcifications suggesting hydatid diseases with normal spleen and no ascites, one month later follow up ultrasound was done revealed the same left lobe hepatic focal lesion but measuring (8×6 cm). The patient continued the same treatment and ultrasound revealed decreasing size of the hepatic focal lesion to (7×5 cm) and later on after 6 weeks, it reached (2×2 cm) with decreasing ESR and hydatid serology was negative. The patients in now symptom free and kept on follow up.

Biography

Mostafa Elkady is currently a Professor and Chairman of Gastroenterology Department, Faculty of Medicine, Benha University, Egypt and Research and Clinical Fellow in Gastroenterology Division TTH, University of Toronto, Canada. He is a Member of EASD NAFLD Group, Member of Colleague of Physician and Surgeons of Ontario, Member of the Royal Society of Tropical Medicine and Hygiene. Currently, he is a Consultant of Gastroenterology and Diabetology at Police Hospital, Cairo, Egypt. He is also a Reviewer for Digestive Disease and Science.

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