

SUMMARY

The main parasitic diseases which affect the hepatobiliary system are:
hydatid disease – amebiasis – ascariasis and fascioliasis.

The amebiasis is caused by *entamoeba histolytica*. It reaches the liver as emboli which are usually single and which affect the right lobe of the liver in 80% of the cases. The patient may complain of right hypochondrial pain, fever, anorexia, nausea, vomiting and hepatomegaly. There are various methods of diagnosis as: complete blood picture liver function tests, IHT, ELIZA, U/S, CT and MRI. It may be treated medically by various drugs like: metronidazole, emetine hydrochloride, chloroquine phosphate and diloxanide furoate. Other lines are: needle aspiration, operative surgical drainage done in few rare cases, especially if complicated secondary bacterial infection occurred. The operative lines consists of transperitoneal approach and extraperitoneal approach (anterior and posterior).

Hydatid disease caused by different types of Echinococcal parasites. Over 80% of hydatid cysts develop in the right lobe of the liver. The clinical picture of the patient depends on the site, the size, the stage of development of the cyst, whether the cyst is infected or not and whether it is alive or dead. The patient may complain of a dull ache in the right upper quadrant of the abdomen, abdominal distension or hepatomegaly.

U/S and CT scanning are of importance in the diagnosis and P.T.C is helpful in the diagnosis however ERCP is of particular use.

The management of hydatid disease depends on the patient's condition and the cyst's characteristics.

There's a medical line of treatment for small cysts (or $\leq 1\text{cm}$) and deeply seated ones in the form of: benzimidazole, carbamate, mebendazole and albendazole.

And there's a surgical line of treatment which includes:

1. Neutralization and removal of the parasite.
2. Prevention of intra-operative contamination by active scolices.
3. Management of the residual cavity by: simple cyst closure, omentoplasty, capitonage, marsupialization, drainage, Raux-en-Y cystojejunostomy and hepatic resection.

Fashioliasis is caused by fashiola hepatica. The lesions are in the form of white or grey nodules on the liver capsule or subcapsular tracts. The patient may be asymptomatic or may have upper abdominal pain, fever or cholangitis. Diagnosis includes stool examination for ova, +ve esinophilia and hepatobiliary imaging as C.T scanning. ERCP may help in the diagnosis of human fashioliasis. Abnormalities in ERCP have been reported in a few cases.

Medical treatment consists of emetine, chloroquine and lithional. Surgical treatment including cholecystectomy with or without choledochotomy and removal of the parasite with T-tube drainage.

Ascariasis is caused by ascaris lumbricoides chemical irritation of the bile duct by the worm induces cholangitis, liver abscess, acalculous cholecystitis and empyema of the gall bladder.

The symptoms range from uncomplicated biliary cases to acute suppurative cholangitis, jaundice and hepatomegaly. Diagnosis includes stool examination, U/S, CT and endoscopy. Treatment consists of a medical line: mebendazole, pyrantal pamoate and a surgical line: cholecystectomy, exploration of CBD and hepatopancreatico-jejunostomy.