EDITOR’S QUIZ: GI SNAPSHOT

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Endoscopic sphincterotomy was performed on the fifth hospital day. A fluke was found and was removed from the common bile duct by balloon extraction (fig 1). The fluke which measured 1.9 x 0.9 mm was identified as *Fasciola hepatica* (fig 2).

On the sixth hospital day, the patient started to eat again and had no recurrence of epigastric pain, fever, or nausea. The IgE level was 273 U/ml.

He was treated for fascioliasis with a single 625 mg dose of triclabendazole (Egaten). On the 14th hospital day, liver function tests showed that the aspartate aminotransferase level was 22 U/l, while alanine aminotransferase was 32 U/l, alkaline phosphatase was 296 U/l, γ-glutamyltransferase was 274 U/l and total bilirubin was 22 μmol/l. He was discharged on the 15th hospital day. Two months later, the IgE level had fallen to 117 U/ml.

Cattle, sheep and other domesticated herbivores are the definitive hosts and major reservoirs of *Fasciola hepatica*, with human infection usually occurring owing to consumption of aquatic plants contaminated with metacercariae (encysted larval parasites). After infection occurs, the larvae migrate through the wall of the small intestine into the peritoneal cavity and then penetrate the liver capsule within a few days. Next, the larvae invade the bile ducts and grow to maturity there after 2–4 months, after which the flukes start laying eggs, which may continue for years.

**Figure 1** Endoscopic images of a *Fasciola hepatica* fluke in the biliary tract.

**Figure 2** *Fasciola hepatica* fluke recovered from the bile duct by endoscopic retrograde cholangiopancreatography and endoscopic sphincterotomy.

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