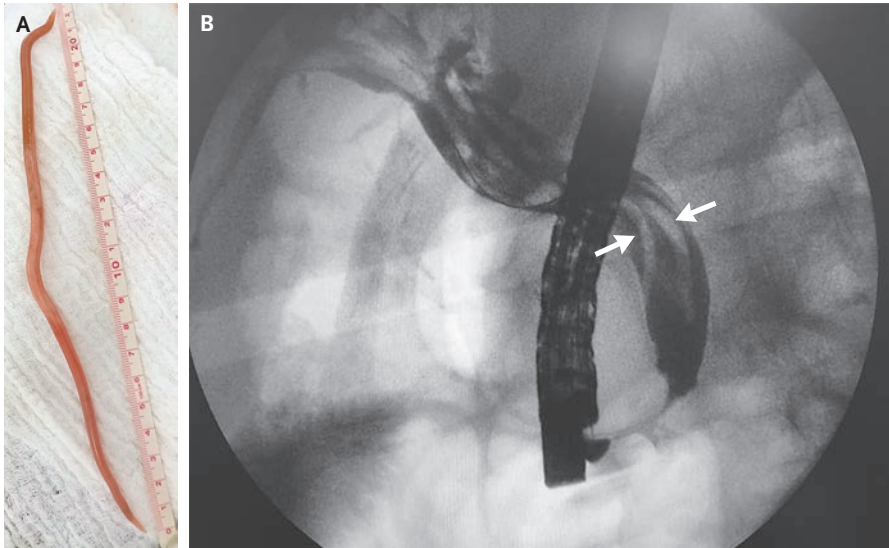


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Biliary Ascariasis



A 75-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH a 3-week history of fever, pale stools, and progressive, colicky abdominal pain. He lived in an area of southwestern Colombia with limited access to clean water. His body temperature was 38.2°C. The physical examination was notable for abdominal tenderness in the right upper quadrant and jaundice. Laboratory studies showed a white-cell count of 24,870 per microliter (reference range, 4000 to 10,000) with neutrophilia and a conjugated bilirubin level of 3.8 mg per deciliter (reference range, 0 to 1.2). An ultrasound examination of the right upper quadrant showed biliary sludge and echogenic tubular structures in the common bile duct, with resultant intrahepatic and extrahepatic bile-duct dilatation. Endoscopic retrograde cholangiopancreatography was performed, during which a worm was seen protruding from the bile ampulla. After extraction, the worm was identified as an adult *Ascaris lumbricoides* roundworm (Panel A). The bile duct was subsequently canalized and visualized with injection of contrast material, revealing two other worms (Panel B, arrows), which were removed with the use of a balloon catheter. A diagnosis of biliary ascariasis was made. Courses of albendazole to treat the infection and piperacillin–tazobactam to treat secondary cholangitis were prescribed, and the patient’s symptoms abated within 1 week after the extraction procedure.

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