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Radiological evaluation of therapeutic response in hepatobiliary fasciitis

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DESCRIPTION

The parasite *Facciolo hepatica*, also known as "common liver fluke" or "sheep liver fluke", is the most common cause of fasciculosis. A similar parasite, Facciolo gigantic, can also infect humans. All continents except Antarctica have fasciosis, and it is most common in areas with sheep and cattle. Humans usually contract the disease by consuming undercooked watercress and other aquatic plants contaminated with parasite larvae. Young nematodes penetrate liver tissue, the abdominal cavity, and the intestinal wall before entering the bile duct, where they mature into egg-laying adults. The liver and bile ducts often present the highest disease. Fasciitis has both prevention and treatment. Symptoms of fasciculosis in humans include fever, sweating, weight loss, abdominal pain, anemia, and occasionally a short rash. Eosinophilic leukocytes, more common in worm infections, are increased in the blood. Strong chemotherapy drugs are available for treatment.

The parasite *Facciolo hepatica* is usually the drug of choice. It is infected by eating aquatic plants such as wild watercress in Europe and morning glory in Asia. Infection can occur by consuming contaminated water in which young faccioros swim or by using utensils that have been washed with contaminated water. Diseases are not easily transmitted from crops. Animal infection rates are high, but human infections are rare. Bolivia, Peru and Egypt have very high rates of human infection. This may be due to the consumption of certain foods. There is no vaccine to prevent Fatciolo infection. Treatment and vaccination of animals required for the worm's life cycle are the main preventive measures. Due to human health risks and economic losses from animal infections, many countries are considering the use of veterinary vaccines.

In areas with high disease burden, education to reduce consumption of wild watercress and other aquatic plantsis needed. The strategy has proven effective. Herbivorous livestock, the presence of intermediate hosts, climatic factors, and human dietary habits all influence *Facciolo hepatica* infection in humans. Cattle, sheep and goats are considered the most important animal reservoirs. Other animals may also be infected, but they usually play a minor role in transmitting the disease to humans.

Common watercress cultivars such as Nasturtium officinal and Nasturtium Sylvester, wild watercress cultivars such as Rorippa amphibian and Taraxacum dens Leoni`s, lamb lettuce cultivars such as Valerian Ella clitoris, and spearmint cultivars such as Menthe veridic are all associated with human infection. Various aquatic plants, such as beriberi (algae), cosco, and tortola, may have been a source of human infection in the Altiplano of northern Bolivia. Because *Facciolo hepatica* cercariae can nest on water surfaces, humans can become infected by drinking untreated freshwater containing cercariae. Additionally, one study found that people with young flukes could become infected if they ate raw liver dishes made with fresh liver. Clinical symptoms usually appear after the parasite's stage of migration to the liver or reaching its final habitat in the upper bile duct. The first stage of the disease is characterized by fever, right upper quadrant pain, and hepatosplenomegaly. Peripheral blood eosinophilia is usually evident. Most acute symptoms disappear once the worms enter the bile ducts.

Rarely, patients may have biliary cirrhosis or obstructive jaundice with symptoms such as cholestasis, ascending cholangitis, cholelithiasis, jaundice, and elevated liver enzymes such as direct bilirubin and bilirubin-glutamate transpeptidase.