gutflix
GI learning, personalised

Summary

DIAPHRAGMATIC PERFORATION OF CYSTIC ECHINOCOCCOSIS LEADING TO MULTIORGAN INVOLVEMENT OF E. GRANULOSUS IN A WOMAN LIVING WITH HIV

Herbert Langenberger

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

A 51-year-old woman living with HIV presented with recurrent multiorgan cystic echinococcosis involving liver, diaphragm, lung, and mediastinum ten years after emergency partial liver resection.

KEY POINTS

- Contrast-enhanced CT revealed extensive cystic structures (14x11x9cm) in liver segment VIII perforating the diaphragm and extending to the right lower pulmonary lobe, with gas inclusions suggestive of bronchial communication and mediastinal alterations (4.7cm) causing vascular compression.
- Serum ELISA and Western blot were positive for Echinococcus granulosus, confirming the diagnosis.
- The patient was started on albendazole 400mg twice daily, with antibiotic therapy escalated from ceftriaxone to piperacillin/tazobactam and ultimately meropenem due to persistent symptoms and laboratory abnormalities.
- The authors stated that surgical resection via two-cavity approach with continued albendazole would be the treatment of choice, but the patient refused further medical treatment.
- This case may be of interest to clinicians managing complex parasitic infections in immunocompromised patients or recurrent echinococcosis.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/b51277de-743c-11ee-b77d-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.