

## HISTOPATHOLOGICAL PICTURE OF TWO CASES OF ECTOPIC FASCIOLIASIS IN MANSOURA, DAKHALIA

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### ABSTRACT

Two cases of ectopic fascioliasis were reported. The first case was detected in a haematoma in the anterior abdominal wall in a diabetic patient; the second was in an abscess in the upper part of the thigh. The clinical and laboratory findings were discussed.

### INTRODUCTION

In Egypt, fascioliasis is wide spread among herbivorous animals (Halawani and El-Gindy, 1957). Human biliary fascioliasis infections have been reported by Ali et al. (1974) and Farag et al. (1979); Abou Basha et al. (1990) and El-Shazly et al. (1991). Cases of ectopic fascioliasis in Egypt were detected by El-Ghawabi et al. (1978) and El-Shazly et al. (1991). An alternative pathway to the migrating metacercaria may be lodged in ectopic foci, where abscesses or fibrotic lesions may develop (Neghme and Ossandon, 1943).

This work aimed to discuss the ectopic human fascioliasis and histopathological picture of this disease in Dakahlia Governorate.

### PATIENTS and METHODS

The first case. A male diabetic patient (45 years old) regularly

attending to general medicine department, Mansoura University Hospital. He complained of painful reddish swelling in the umbilical region. He was treated as cellulitis without response. He was referred to the surgical department. Treatment with antibiotic was given. The swelling has no impulse on coughing, not pulsating, fluctuant and it was 10 cm in diameter. It was incised by vertical supra umbilical midline incision. Two hundred cubic milliliters altered blood was evacuated. During the evacuation, a flat worm-like was detected, which was preserved in 70% ethyl alcohol for further processing and identification. The patient then dressed and received proper antibiotics with a good response and rapid healing on follow up.

The second case : A farmer (23 years old) complaining of reddish swelling in medial upper part of the thigh. He was diagnosed as an abscess in the outpatient clinic of surgery. Incision was made and the contents was evacuated and collected. A flat worm-like structure was seen in the contents, washed and preserved in 70% ethyl alcohol for staining and identification. Urine and stool examination, blood picture, liver function tests and blood sugar were done. Processed, biopsies were taken from the surrounding tissue of both cases for histopathological study.

## RESULTS and DISCUSSION

The detected worms in the two locations were identified. The size was 32 mm X 9 mm in the first case and 39mm X 10mm in the second case with cephalic cone, pinkish in colour, sides were parallel and inner branching of intestinal caeca were T shaped and two suckers, the ventral sucker was larger than the oral one. It was identified as immature *Fasciola gigantica* worm. *Fasciola* worm may be present anywhere away from hepatobiliary location. It was found in lung, bronchi, peritoneum, muscle, orbit, brain and subcutaneous tissue which is the common site of migrating fascioliasis (Neghme and Ossardon, 1943).

Histopathological examined of the wall of the abscess showed necrotic tissue, areas of haemorrhage and cellular infiltration mainly eosinophils. Plasma cell and lymphocytic reaction were present in the abscess wall. The fasting blood sugar was 105 in the first case

and 73 in the second case. Blood picture total L.C. was 24,600/cmm and showed eosinophilia (66%). In the second case it was 18,000 with 23% eosinophilia. Liver function tests were within the normal range in both cases. Ectopic sites in the two cases were in the anterior abdominal wall and the upper medial part of the thigh. These are considered as sites of predilection sites for ectopic fascioliasis. In Egypt, the first case of ectopic fascioliasis was described by El-Ghawabi et al. (1978), the second case was elicited by El-Shazly et al. (1991). So, the present two cases are the third time to report ectopic fascioliasis.

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