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Getting diagnosis with an abdominal Xray

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Background & Aim: 50 year old woman, native of Morocco, resident in Spain for 15 years. She works as housewife. She comes to our consultation for pain in right hypochondrium, for one week. Not fever. She says that it is always constipated.

Method: Good general state. Abdomen: depresible, without masses. Painful to palpation in right hypochondrium, without signs of irritation peritoneal. Bowel sounds presents. In view of the precedent of constipation and the persistence of the pain, we request an abdomen X-ray, thinking about possible accumulation of dregs or gases causing of the pain.

Results: Abdomen X-ray: calcified image in right hypochondrium compatible with liver cyst of approximately 7 centimeters. Because of the radiological finding we request analytical of blood and parasites in dregs. Analytical blood normal. Parasites in dregs negatives. According to the World Health Organization(WHO) pathological classification of CE liver cysts are divided into six (CL, CE1-CE5). Final stages are represented by CE5, referring to inactive cysts that have lost their fertility and are degenerating. We suppose that is the stage of our patient, even so we derive to Tropical Medicine consultation to complete study and treatment.

Conclusions: Hydatid disease is a parasitic infestation by a tapeworm of the genus Echinococcus. It is not endemic in Spain, but the change in the immigration patterns over the past 4 decades have caused a rise in the profile of this previously unusual disease throughout Europe. Pressure effects are initially vague. They may include nonspecific pain, low-grade fever, and the sensation of abdominal fullness. As the mass grows, the symptoms become more specific because the mass obstructs specific organs. In the liver, the pressure effect of the cyst can produce symptoms of obstructive jaundice and abdominal pain. With biliary rupture, the classic triad of biliary colic, jaundice, and urticaria is observed.