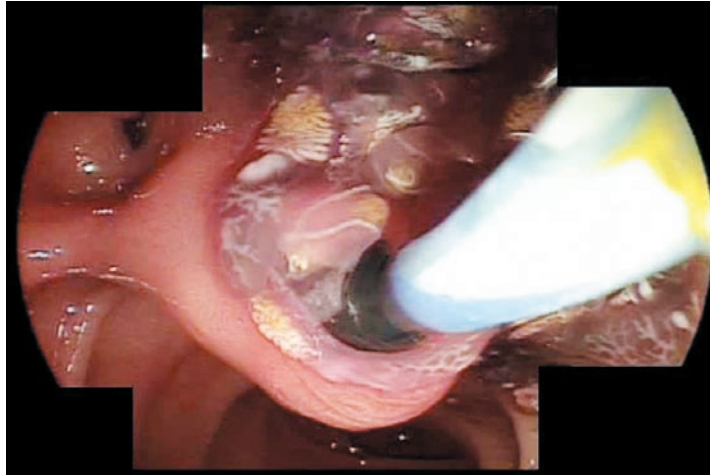


## IMAGES IN CLINICAL MEDICINE

*Clonorchis sinensis*

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A 62-YEAR-OLD MAN REPORTED HAVING HAD FATIGUE, FEVER, AND cramping abdominal pain for 7 days. He also reported that he had recently eaten raw pond smelt (*Hypomesus olidus*). The results of liver-function tests were abnormal, showing elevated levels of aspartate aminotransferase (350 IU per liter), alanine aminotransferase (352 IU per liter), alkaline phosphatase (204 IU per liter),  $\gamma$ -glutamyltransferase (434 IU per liter), total bilirubin (6.4 mg per deciliter [109  $\mu$ mol per liter]), and conjugated bilirubin (3.9 mg per deciliter [67  $\mu$ mol per liter]). The white-cell count was also elevated (13,000 per cubic millimeter), and there was eosinophilia (27%). A computed tomographic scan of the abdomen showed dilatation of the common bile duct without definite filling defects. Given our concern that the patient might have acute cholangitis, a duodenoscopy was performed, and a prominent major papilla was discovered. After cannulation of the common bile duct, numerous leaf-shaped worms popped out (see video) and were subsequently identified as *Clonorchis sinensis* (also called *Opisthorchis sinensis*). The patient was given praziquantel and had a quick and uneventful recovery. The clinical manifestations of clonorchiasis tend to reflect the worm burden and the duration of infection. Clonorchis may persist in the biliary tree for decades, and prolonged infestation is associated with the development of cholangiocarcinoma. Acute cholangitis and pancreatitis are rare but important complications of *C. sinensis* infestation.

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