A 49-year-old woman from Kazakhstan, who had immigrated to Germany ~5 years before, developed acute abdominal pain of the right upper quadrant. Cholecystolithiasis was suspected clinically. White blood count showed 7,130 leukocytes/μL with 10% eosinophils. C-reactive protein level was elevated (19 mg/dL), and liver function tests showed a raised gamma-GT of 59 U/L. Cholecystectomy was performed, however, no gallstones were found. Histopathological examination of the removed gallbladder revealed a slight chronic inflammation of the lamina propria. In a Luschka’s duct, helminth parasites consistent with hepatic trematodes of the genus *Opisthorchis* were found (Figures 1 and 2). The eggs seen in the trematode’s uterus were much smaller than those of the cosmopolitan liver fluke *Fasciola hepatica*. Stool examination for helminth ova was not performed. Treatment with praziquantel (75 mg/kg/d in 3 doses) was advised. Opisthorchiasis is caused by the small liver flukes *Opisthorchis felineus* in the Russian Federation, Ukraine, and Kazakhstan, and *Opisthorchis viverrini* in Thailand, Lao, Cambodia, and Vietnam. Approximately 1.2 million people are infected by *O. felineus*, the most likely parasite in the case described here, and 12.5 million people are at risk. The infection is acquired by eating raw or undercooked cyprinoid fish, which contains metacercariae of the trematodes. Not only humans, but also cats, dogs, and possibly many fish-eating mammals, act as definitive hosts. Adult flukes reside in small- and medium-sized intrahepatic bile ducts, and occasionally also in the gallbladder, extrahepatic bile ducts, and in the pancreatic duct. In contrast to infection with *O. viverrini*, a group 1 carcinogen, many patients infected by *O. felineus* suffer from fever and hepatitis-like symptoms in the early stage of infection, and no association with cholangiocarcinoma formation has been established. In chronic infections, patients may present with cholangitis and liver abscess because of biliary obstruction. Diagnosis is achieved by detection of eggs in feces, however, species-specific diagnosis on the basis of egg morphology is difficult. Polymerase chain reaction detecting DNA of the adult parasite in stool may be helpful and sometimes the parasites are detected histopathologically *in situ*, as in the case described here.
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REFERENCES


