

Images in Infectious Diseases

Hepatic fascioliasis with metastasis appearance

Merve Nur Tasdemir^[1] , Serdar Aslan^[1]  and Tumay Bekci^[1] 

[1]. Giresun University, Faculty of Medicine, Department of Radiology, Giresun, Turkey.

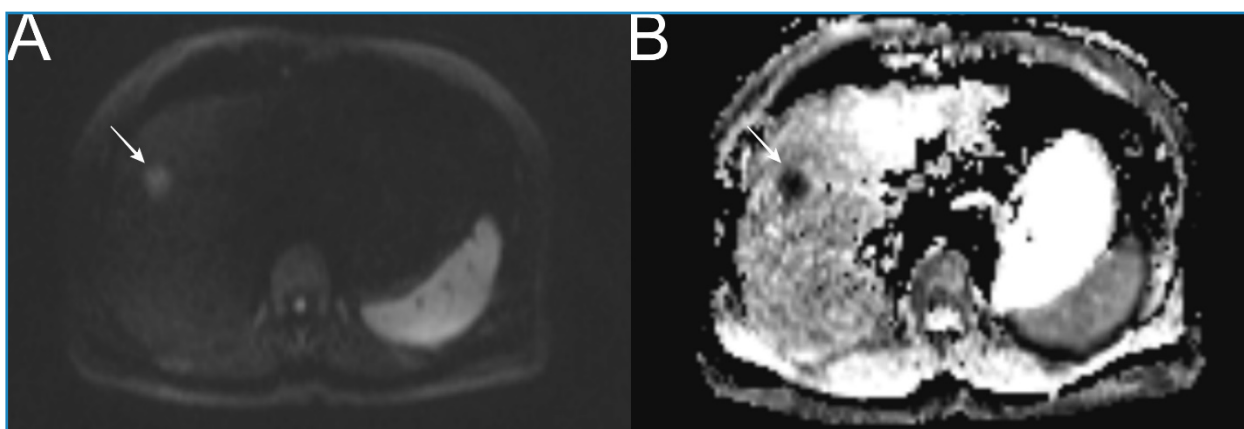


FIGURE 1 (A-B): Restricted diffusion detected in the lesion on diffusion-weighted images (white arrow).

A 59-year-old woman with right upper quadrant abdominal pain was admitted to the Department of Internal Medicine. Her ultrasonography revealed a hyperechoic liver lesion, while her laboratory test results were normal. Magnetic resonance imaging was performed, which revealed restricted diffusion in the lesion on diffusion-weighted images (**Figure 1**). We observed continuous peripheral enhancement during the arterial phase of the lesion and diffuse enhancement in the venous and delayed phases (**Figure 2**). Metastases and atypical hemangiomas were considered differential diagnoses. The histopathological findings were consistent with those of hepatic fascioliasis.

Hepatic fascioliasis has nonspecific clinical symptoms¹. There is a lack of information in the literature regarding the imaging features of hepatic fascioliasis²⁻³. Imaging has become increasingly useful in diagnosing and treating infectious liver diseases³. Noninvasive

imaging techniques are required to differentiate fascioliasis lesions from other focal liver lesions. Hepatic fascioliasis extends to the subcapsular area and thickens the liver capsule¹⁻³. The lesions show peripheral enhancement after contrast administration on magnetic resonance imaging³.

In this case, diffuse enhancement was observed instead of peripheral enhancement, and there was no tract extending into the subcapsular region. No clinical history was suggestive of parasitic infections.

Misdiagnosing hepatic fascioliasis as metastasis may result in a dearth of treatment. It is necessary to report the imaging findings of hepatic fascioliasis. Noninvasive techniques must be used more frequently in the management of hepatic fascioliasis.

Corresponding author: Dr. Merve Nur Tasdemir. **e-mail:** mervetsdmr@gmail.com

Authors' contribution: MNT: Conception and design of the study, Acquisition of data, Final approval of the version to be submitted; SA: Conception and design of the study, Analysis and interpretation of data; TB: Conception and design of the study, Analysis and interpretation of data;

Conflict of Interest: The authors declare that there is no conflict of interest.

Financial Support: No funding was received for this study.

Received 21 March 2023 • **Accepted** 27 April 2023

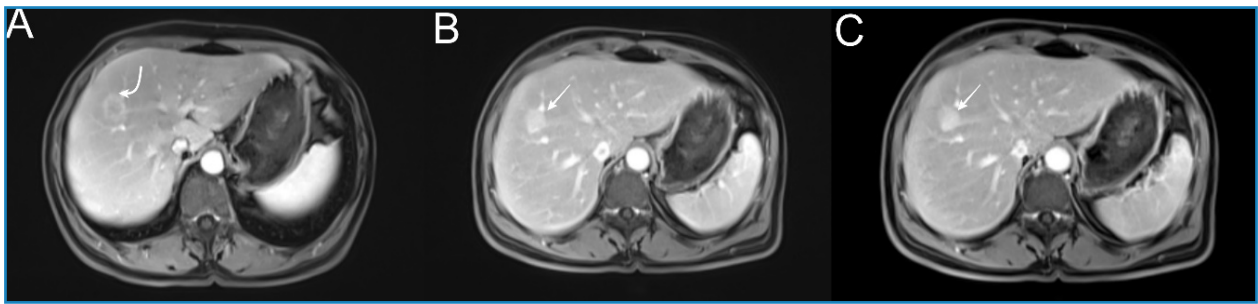


FIGURE 2: (A) Continuous peripheral enhancement observed in the arterial phase (curved arrow). (B-C) In the venous and delayed phases, the lesion shows diffuse enhancement (white arrow).

ACKNOWLEDGMENTS

We offer our deepest thanks to the institutions that provided technical support for the development and implementation of this study.

REFERENCES

1. Dusak A, Onur MR, Cicek M, Firat U, Ren T, Dogra VS. Radiological Imaging Features of Fasciola hepatica Infection - A Pictorial Review. J Clin Imaging Sci. 2012;2:2.
2. Gonzalo-Orden M, Millán L, Alvarez M, Sánchez-Campos S, Jiménez R, González-Gallego J, et al. Diagnostic imaging in sheep hepatic fascioliasis: Ultrasound, computer tomography and magnetic resonance findings. Parasitol Res 2003;90(5):359-64.
3. Mortelé KJ, Segatto E, Ros PR. The infected liver: radiologic-pathologic correlation. Radiographics. 2004;24(4):937-55.