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LETTER TO THE EDITOR

US DIAGNOSIS OF ACUTE PANCREATITIS CAUSED BY RUPTURED HYDATID DISEASE TO THE BILIARY SYSTEM

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Dear Sir,

We read the recent article entitled "Ultrasonographic diagnosis of acute pancreatitis caused by ruptured hydatid disease to the biliary system" by Ozcaglayan O. et al. (1), published in JBR-BTR, with great interest. They have reported a case of acute pancreatitis, occurring by a hydatic cyst of the liver that ruptured into the biliary tract and describing the main disease and its complications by using ultrasonography (US), computed tomography (CT) and magnetic resonance imaging (MRI). They concluded that US is a very useful imaging modality for the diagnosis of hydatid disease and its complications, such as rupturing into the intrabiliary ducts and choledochus. It demonstrates hydatid material in their lumens and also provides differentiation from stones. In patients with hepatic hydatid cysts disease, communications between the hydatid cyst cavity and the biliary tree can be either occult or frank (2). In our opinion new imaging modalities are needed for these communications. Because as the authors mentioned there can be complications like pancreatitis. Kantarci et al. reported that contrast enhanced magnetic resonance cholangiography (MRC) using gadolinium ethoxybenzyl diethylenetriamine pentaacetic acid (Gd-EOB-DTPA) and a 3D gradient echo technique is a robust tool that displays the biliary anatomy and provides functional information about physiological or pathological biliary flow (3). According to the present study, Gd-EOB-DTPA-enhanced MRC is the most sensitive and most accurate technique for the detection of biliary–cyst communication BCC in HHD. Therefore we want to suggest CE-MRC that can be added to T2-weighted-MRC as a complementary tool to increase the accuracy of BCC detection.

References

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