A RARE CASE OF BRONCHOBILIARY FISTULA
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Abstract: Bronchobiliary fistula represents abnormal fistulous communication between pleuroparenchymal and hepatobiliary system. For the past 30 yrs, only 68 cases of bronchobiliary fistula have been reported worldwide emphasizing the rarity of the condition. Here we report a case of 43 yr male with hepatic abscess initially had hemoptysis later complicated with bilioptysis. The abscess was seen rupturing into right pleural space demonstrated in right pleural space confirmed by ERCP images which demonstrated the spillage of dye from right intra hepatic biliary system into right pleural space. Following which a stent was placed in the right intrahepatic biliary system. Patient showed clinical improvement and became symptom free. He is stable for past 3 months and on regular follow up.

Case history: A 43 yr old male presented with hemoptysis, breathlessness and right hypochondrial pain for 1 week duration. Ultrasound of chest and abdomen revealed a hypo echoic lesion in right lobe of the liver rupturing into right pleural space following which 250 ml anchovy sauce like pus aspirated from right pleural space (fig-1). Stool examination for amoeba showed amoebic trophozoites. Patient was started on antiamoebical drugs for 1 week after which patient expectorated yellow colored bitter tasting fluid (fig-2). Sputum for bilirubin positive (15.4 mg/dl). CECT-chest showing loculated right pleural effusion following which intercostal drainage done draining 800ml of green colored fluid proved positive for bilirubin. ERCP showed the seepage of dye from right intrahepatic biliary radicals into right pleural space following which stenting was done (fig-3). Patient improved well and symptom free for past 3 months.

Discussion: Bile is a strong irritant rich in bile acids and salts capable causing necrosis of lung parenchyma (2). During normal respirations, biliary pressure will be high compared to pleural pressures which promotes bile aspiration into the pleural space or the bronchi (3). Drainage of the abscess and decompressing the biliary tree are the key principles of management (4, 5). Management of bronchobiliary fistula minimally invasive procedures like ERCP guided stenting as done in this case avoids surgery and attended morbidity.

Conclusion: Meticulous history taking and macroscopic inspection of sputum quality and physical examination will be useful in diagnosing this rare complication of any liver abscess. Minimally invasive procedures will result in reducing the morbidity and mortality.

References:
2. Hatice Eryigit et al Management of acquired bronchobiliary fistula: case reports and a literature review
3. M H Modishi et al Amoebic liver abscess with pleuropulmonary complications and enlarged gallbladder

