

Fascioliasis is a rare infectious disorder caused by parasites. These parasites are liver flukes that live in plant-eating animals. Liver flukes can be found on water plants in certain parts of the world. When the parasite invades the liver, bile passages may be blocked. A subdivision of Fascioliasis called Halzoun Syndrome affects the throat (pharynx). This infection can usually be controlled and/or cured with timely treatment. The disease has three phases: acute, latent, and chronic. The acute phase begins approximately four days after infection and can last for two to four months. Symptoms during this phase include fever, abdominal pain with tender liver, gastrointestinal disturbances, and hives (urticaria) accompanied by bouts of bronchial asthma. The latent phase begins when mature flukes reach the bile duct and can last for several months. Individuals in this phase are asymptomatic. The chronic phase can persist for several years. Symptoms include gastrointestinal pain, fatty food intolerance, nausea, jaundice, itching, and abdominal tenderness. Fascioliasis is caused by infection with the parasitic worms of the genus *Fasciola*, of which "*Fasciola hepatica*", found in temperate climates, and "*Fasciola gigantica*", found in tropical climates, are the most common. Encysted parasitic larvae of these parasites live on water plants, such as watercress, that may be eaten by man or eaten by animals that subsequently are eaten by man. Once ingested, the larvae escape from the cysts in the small intestine and migrate across the intestinal wall into the abdominal cavity. They transform into immature worms and, once they reach the liver, move around for up to six weeks, feeding on liver tissue. Eventually, they take up residence in the bile ducts, where they cause lesions and chronic liver disease. Generally, the parasite can be killed by adequate cooking of foods before they are eaten. Liver fluke disease should be suspected if the patient recently spent time in a region where infection is prevalent in animals and/or humans. Patients usually report eating wild watercress, algae, or other aquatic plants. Acute and chronic infection can be confirmed by testing that detects liver fluke-specific antibodies in body fluids. Also, parasite eggs may be detected in the stool at the chronic stage of infection.