2026
University of Toronto Microbiology & Infectious Disease Research Days

AGENDA
Main Programming Day, May 28

Room 3154, Medical Sciences Building, 1 King's College Circle

Presented by

UNIVERSITY OF TORONTO | EPIC Emerging & Pandemic Infections Consortium

In collaboration with

U of T's Division of Infectious Diseases, Department of Medicine, and postgraduate medical and clinical microbiology program, the Division of Infectious Diseases at The Hospital for Sick Children and the Institute of Health Emergencies and Pandemics.

With support from BIOMÉRIEUX

EPIC is a collaborative initiative between the University of Toronto and five hospital partners.

SickKids | Sinai Health | Lunenfeld-Tanenbaum Research Institute | Sunnybrook Research Institute | UNITY HEALTH TORONTO | UHN Canada's Hospital

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Abstract Booklet

May 27th - 28th, 2026

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Poster 43

Recurrent Pyogenic Cholangitis with Intercurrent Latent Clonorchiasis in a Filipino Migrant to Canada: Implications for Diagnosis and Management

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Background: Clonorchiasis is a parasitic infection caused by the trematode Clonorchis sinensis, which is endemic to East Asia but increasingly observed in non-endemic regions due to global migration. Chronic infection can lead to recurrent pyogenic cholangitis (RPC) and other hepatobiliary complications including cholangiocarcinoma.

Case: A 39-year-old Filipino woman residing in Canada presented with a two-year history of intermittent right upper quadrant pain, liver enzyme derangement, and imaging features consistent with RPC. Despite negative stool ova and parasite (O&P) testing, empirical treatment with praziquantel (1800 mg three times daily for two days) led to clinical and biochemical improvement.

Discussion: Clonorchiasis can be challenging to diagnose in non-endemic areas due to low parasitologic test sensitivity and non-specific clinical features. Imaging findings and epidemiologic context are critical for raising clinical suspicion and guiding management.

Conclusion: Healthcare providers in non-endemic regions should include clonorchiasis in the differential diagnosis of unexplained cholestasis, particularly in migrants from areas endemic for clonorchiasis and opisthorchiasis. Negative stool tests do not exclude infection, and early empirical treatment may prevent irreversible hepatobiliary damage and reduce long-term malignancy risk.