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CASE REPORT

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Gallstone Ileus: A Case report

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Abstract

Gallstone ileus is defined as a mechanical intestinal obstruction secondary to the presence of a gallstone. Less than 1% of cases of intestinal obstruction are derived from this etiology. The most frequent cause is the impaction of the stone in the ileum, after passing through a bilioenteric fistula. It is a rare and potentially serious complication of cholelithiasis. This pathology occurs more in the elderly, the average age at which it occurs is between 60 and 84 years, mainly affecting the female sex, attributed to the higher frequency of biliary pathology in said sex. It presents a high morbidity and mortality, mainly due to the difficulty and the diagnostic delay.

keywords: *gallstone ileus, intestinal obstruction*

Case description

A 66-year-old female patient with a five-year history of cholelithiasis. He was admitted to the central ward (CG) referring to continuous abdominal pain in the epigastric region, of four days of evolution, of increasing intensity, without irradiation or response to antispasmodics, accompanied by vomiting of one day of evolution, constipation of four days of evolution.

Physical examination: Abdomen distended, soft, depressible, painful on palpation in the epigastrium and right hypochondrium, with defense, without peritoneal reaction, abolished air-fluid sounds (RHA).

Complementary methods

A) Abdominal X-ray (Figure 1).

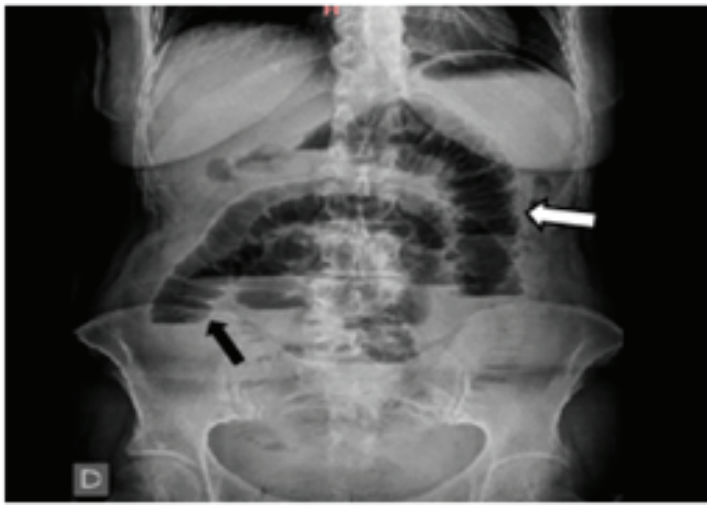

Figure 1. *Direct abdominal X-ray, showing dilation of the small intestine loops in a pile of coins (white arrow) and air-fluid levels (black arrow)*

B) Oral and IV double contrast abdominal-pelvic computed tomography (CT) (Figure 2).

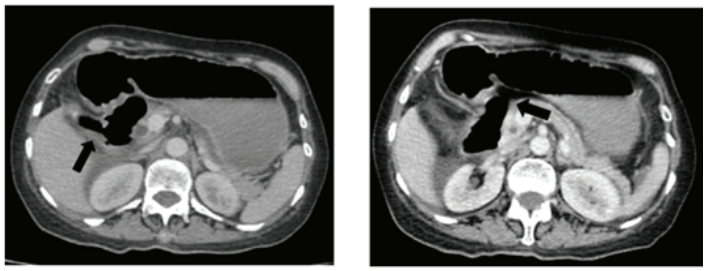

Figure 2. *Double contrast abdominal CT axial section of cholecystoduodenal fistula (black arrow)*

Surgery

An exploratory laparotomy, a three-centimeter enterotomy in a cephalic direction to stone and a double plane enterorraphy with absorbable suture was performed [1,2].

Evolution: Fifth postoperative day, RHA + patient, catharsis +, with oral tolerance, medical discharge is decided.

Discussion

Li et al. advised that a long history of cholecystolithiasis, especially greater than 5 years, a history that our patient had diagnosed by ultrasound, should increase the suspicion of the presence of cholecysto-enteric fistula [3].

In the first instance, the gallbladder is decompressed, and if no stones remain, the patient may become asymptomatic. Treatment should be aimed at resolving the intestinal obstruction by means of simple enterolithotomy, since if the dismantling of the biliary-digestive fistula is performed in the same surgical time in a patient with multiple comorbidities, the morbidity and mortality increases considerably, such as it is clearly stated in the literatura [4].

References

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