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Gallstone Ileus - A Case Report

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Abstract

Gallstone ileus is a rare complication of secondary gallstone formation, most often due to a cholecysto-duodenal fistula with the passage of a stone into the small intestine. Obstruction occurs when the stone obstructs a narrowed segment of the digestive tract. Gallstone ileus is a surgical emergency, and its management is focused on relieving the obstruction. Treatment of the biliary-digestive fistula is considered based on the local and general condition. The best approach remains prevention through the diagnosis and treatment of acute cholecystitis.

Keywords: Ileus; Obstruction; Surgical Emergency; Gallstone

Introduction

Gallstone ileus is an uncommon complication of gallstone disease, occurring in less than 0.5% of cases. It should be suspected in any patient with signs of bowel obstruction associated with aerobilia and an ectopic location of a stone, especially in elderly individuals. The obstruction typically occurs at the ileocecal region, with colonic locations being much rarer, representing 2.5% of cases. Treatment is generally surgical, except for rare cases of spontaneous stone passage [1] (Figure 1-3).

Discussion

Gallstone ileus accounts for 2% of all small bowel obstructions, but in individuals over 70 years old, it may contribute to 25% of cases. It predominantly affects women (sex ratio reported between 4 to 16/1). Pathophysiologically, repeated episodes of gallstone cholecystitis lead to peri-vesicular inflammation, fistula formation, and migration of gallstones into the digestive tract. In 10-20% of cases, gallstones become impacted, typically in the small intestine, causing partial or complete mechanical obstruction. The obstruction most commonly involves the terminal ileum but can also affect the duodenum (Bouveret's syndrome) and, less frequently, the colon. Contributing factors to obstruction include inflammatory or tumor-related strictures and postoperative adhesions. The most frequent site of impaction is the ileocecal valve (60% of cases), followed by the proximal ileum (25% of cases) and distal jejunum (9% of cases). In the majority of cases, gallstone migration into the digestive lumen occurs through a biliary-intestinal fistula complicating cholecystitis. Rigler's triad, including aerobilia, small bowel obstruction, and identification of an ectopic gallstone, is often sought for diagnosis. In this case, two signs were considered significant: an ectopic gallstone and small bowel obstruction [2].

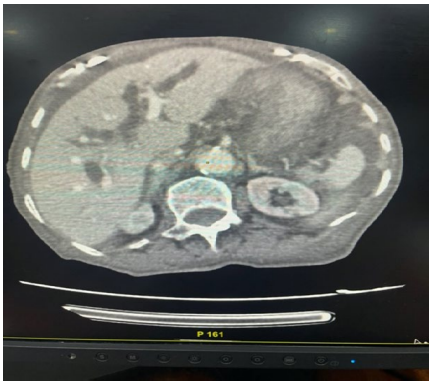

Figure 1: CT Scan: Dilation of the Common Bile Duct and Intrahepatic Ducts.

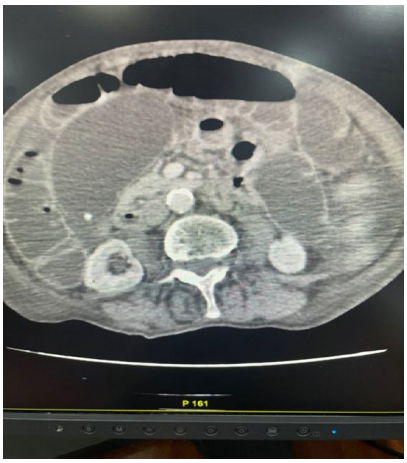

Figure 2: CT Scan: Impacted Stone in the Duodenum with Small Bowel Air-Fluid Levels.

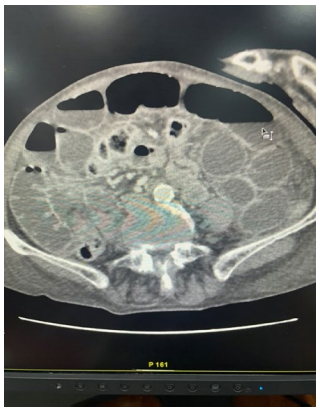

Figure 3: CT Scan: Diffuse Small Bowel Air-Fluid Levels Associated with Gallstone Ileus.

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Conclusion

Gallstone ileus primarily affects elderly women, and its clinical presentation is often atypical. Abdominal CT scan plays a diagnostic role by visualizing the obstruction. Surgical treatment involves enterolithotomy, with or without repair of the cholecysto-intestinal fistula and cholecystectomy [3,4].

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