

# Role of computed tomography in elderly patients with small bowel obstruction

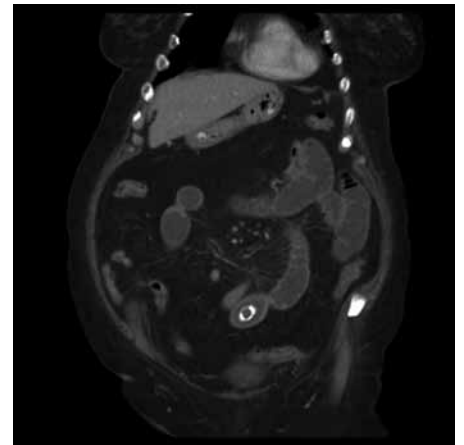
**A**n 84-year-old woman presented with recurrent vomiting. There was no significant past medical history. Clinical examination revealed minimal abdominal distension and a non-tender abdomen. Blood tests including liver function were unremarkable. Plain X-ray of the abdomen revealed paucity of gas in the

intestines. Her condition deteriorated. A computed tomography scan was performed. It revealed small bowel obstruction caused by a gall-stone in the mid small bowel. The patient underwent a laparotomy and enterotomy to remove the gall-stones after which her condition improved.

High small bowel obstruction can be difficult to diagnose and often plain X-ray may not demonstrate typical fluid levels or dilated small bowel. Computed tomography (Figure 1) or gastrograffin follow through may be required to confirm the diagnosis. Computed tomography is advantageous in elderly patients because all intra-abdominal organs can be assessed. Tiny gall-stones may pass without causing intestinal obstruction, but stones >3 cm may cause intestinal obstruction because they

are wider than the diameter of the ileum and therefore require surgical removal. [BJHM](#)

**Figure 1. Computed tomography scan showing gall-stone causing intestinal obstruction.**



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