

An important cause of mechanical bowel obstruction in older patients: gallstone ileus

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A 78-year-old woman presented to the emergency department with abdominal pain. On abdominal X-ray, there were pneumobilia in the biliary tree and gallbladder, and distension and air–fluid levels in the small intestines (Figure 1a). Abdominal computed tomography showed a fistula between the gallbladder wall and the duodenum (Figure 1b), and a gallstone causing mechanical obstruction in the bowel (Figure 1c). These findings were diagnosed as gallstone ileus, which was confirmed during surgery.

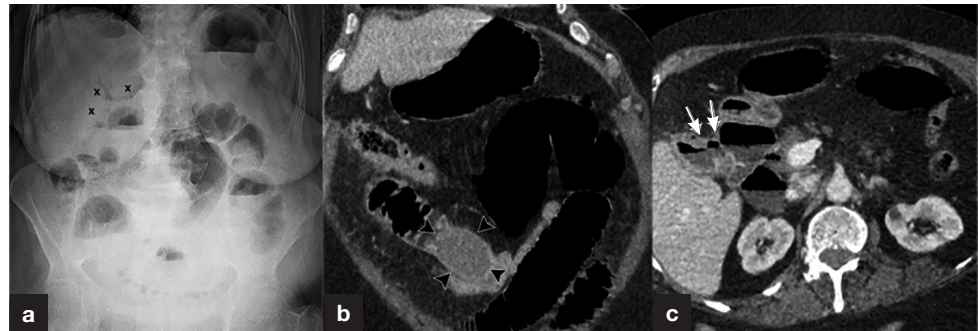


Figure 1. a. Plain abdominal X-ray shows pneumobilia (x) and distended intestines. b. Coronal and (c) axial computed tomography images show gallbladder in the small bowel (arrowheads) and cholecystoduodenal fistula (arrows).

Gallstone ileus is a rare complication that develops in patients with chronic cholecystitis. Patients may present with various non-specific symptoms. Pneumobilia, bowel obstruction and gallstones in an aberrant location have been defined as Rigler's triad on X-ray. In some cases, computed tomography can show the Rigler's triad more clearly than X-ray. Gallstone ileus is treated surgically. The differential diagnosis of ileus should be kept in mind, particularly in older patients who are more frequently affected (Nuño-Guzmán et al, 2016).

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Reference

Nuño-Guzmán CM, Marín-Contreras ME, Figueroa-Sánchez M, Corona JL. Gallstone ileus, clinical presentation, diagnostic and treatment approach. *World J Gastrointest Surg.* 2016;8(1):65–76. <https://doi.org/10.4240/wjgs.v8.i1.65>

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