Simultaneous Gallstone Ileus and Bouveret Syndrome

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INTRODUCTION

- The majority of patients with gallstones are asymptomatic and only 15-25% will become symptomatic after 10-15 years of follow-up
- Bouveret syndrome is a gastric outlet obstruction secondary to the impaction of a large gallstone within the pyloric channel or duodenum
- Gallstone ileus is a rare form of small bowel obstruction(SBO) caused by an impaction of a gallstone within the lumen of the small intestine
- Here we present a case of simultaneous gallstone ileus and Bouveret syndrome

CASE PRESENTATION

- 89-year-old female with history of dementia and remote cholecystectomy presented with abdominal pain for one week accompanied by progressive nausea, vomiting, and anorexia
- Labs were significant for mild leukocytosis and CT of the abdomen revealed a high-grade SBO with an intraluminal structure in the distal ileum along with a 3 cm air and fluid-containing structure in the right upper quadrant contiguous with gallbladder fossa and the stomach (Figure 1-2)
- She underwent exploratory laparotomy which revealed a clear transition point in the distal jejunum secondary to a palpable stone with associated serosal erosion
- Simultaneous EGD revealed a large gallstone impacted in the duodenal bulb with a cholecystoduodenal fistula (Figure 3-4)

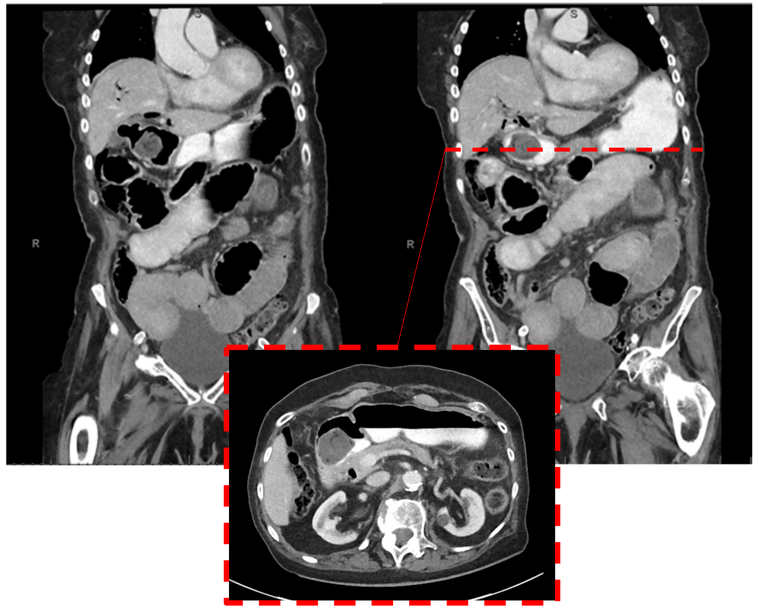
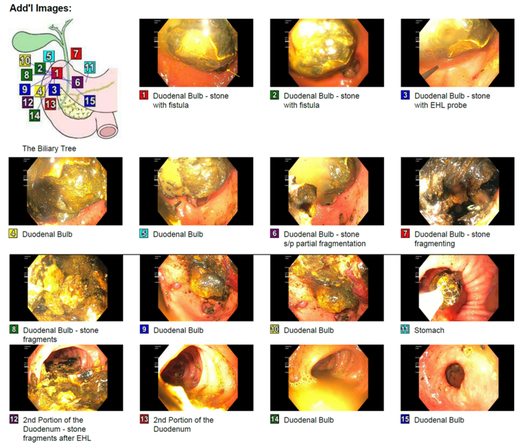


Figure 1-2 demonstrate a high-grade SBO with an intraluminal structure in the distal ileum along with a 3 cm air and fluid-containing structure in the right upper quadrant contiguous with gallbladder fossa and the stomach.

CASE PRESENTATION

- She underwent small bowel resection, removal of jejunal gallstone, and lithotripsy of the duodenal gallstone and was ultimately discharged to a subacute rehab center after an uneventful recovery



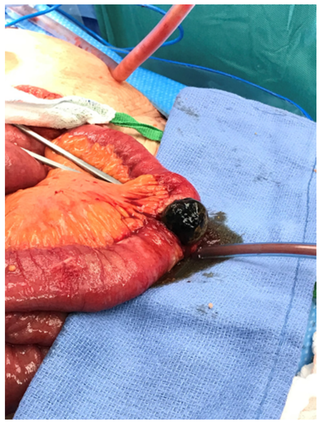


Figure 3- demonstrates EGD images. Figure 4 demonstrates stone removal from enterotomy

DISCUSSION

- Gallstone ileus and Bouveret syndrome are rare complications of biliary pathology
- Treatment is the removal of the obstructing stone with delayed cholecystectomy and takedown of the fistula when feasible
- For patients who are unable or unwilling to undergo surgery, options include endoscopic removal of the obstructing stone and lithotripsy of obstructing stones
- We demonstrated that when patients present with both pathologies simultaneously, a combined approach allows for successful management of both entities and highlights the efficacy of collaboration between gastroenterology and surgery