

GALL STONE ILEUS; A TRIPLE THREAT

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INTRODUCTION

Gallstone ileus is seen in 0.3% of cholelithiasis and less than 0.1% of Intestinal obstruction. Traditional teaching was to resuscitate and attend to the small bowel obstruction, with an enterolithotomy. Role of cholecystectomy, and repair of cholecystoduodenal fistula was selectively performed. Our patient not only had Gallstone Ileus, with acute cholecystitis and cholecystoduodenal fistula, but also concomitant choledocholithiasis. Given minimal co morbidities multiple problems were resolved during index hospitalization with Laparoscopic enterolithotomy, cholecysto-duodenal fistula repair, cholecystectomy and subsequent ERCP.

Image 1



Image 2

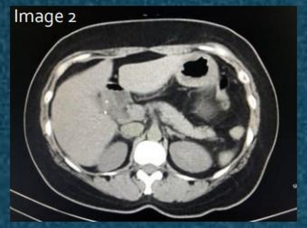


Image 3

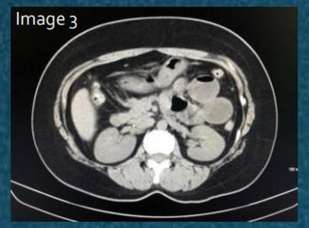


Image 4

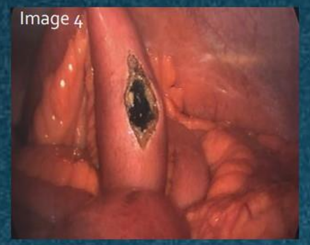


Image 5



Image 6



Image 7



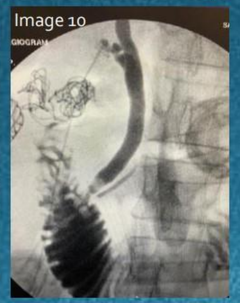
Image 8



Image 9



Image 10



CASE SUMMARY

A 42 yr old female presented with abdominal pain, initially RUQ for 2 weeks and now diffuse with abdominal distension and vomiting. Abdomen was distended and tender with leukocytosis. CT revealed a large gallstone in the TI (Image 1), with air in the gallbladder (Image 2)and possible stone in the CBD (image 3). She Underwent Laparoscopic enterotomy (image 4) with stone removal (image 5), and intracorporeal suture repair (image 6). Lap chole was done and the fistula between GB and duodenum was repaired with intra corporeal suturing with silk (image 7,8,9). IOC indicative of distal CBD stone(image 10), but extensive sclerosis of calot's triangle precluded Laparoscopic Common Bile Duct Exploration. She underwent ERCP the following day and CBD was cleared. Discharged on POD3 without any morbidity, and continued to do well at follow up continued to do well at follow up.

CONCLUSION

With the present advances in perioperative care, it is possible to undertake laparoscopic approach with enterolithotomy, enterorrhaphy and also address gallbladder removal. The complexity of cases is rising, and so is our ability to diagnose and treat them. With Minimally invasive approach, the morbidity of surgery is less, and we can address the gallbladder after the stone removal, at the same time. This approach also facilitates enhanced recovery and early return to prior functional status. Multidisciplinary approach, with preoperative diagnosis by radiologic tests, and postoperative ERCP, contributed to the success of this particular procedure. Patient selection and planning is important for successful management of the conditions. We report this case and advocate for one stage approach to Gallstone Ileus.