An Unusual Case of Hematemesis with Gallstone Ileus Including Cecal Perforation

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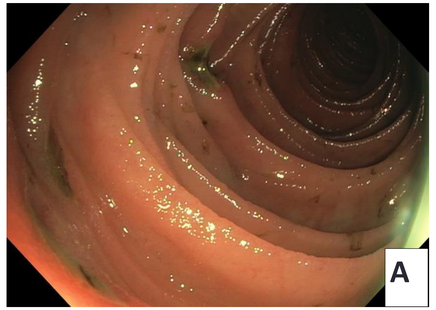
INTRODUCTION

- Gallstone ileus is a rare complication of cholelithiasis, which occurs in 0.3-0.5% of patients.
- Obstruction within the large intestine accounts for only ~4% of all gallstone ileus patients, resulting from a stone traversing the ileocolic junction or formation of a cholecystocolonic fistula.
- Here we report a complicated case of a patient presenting with an upper gastrointestinal bleed and subsequently found to have a sigmoid obstruction secondary to gallstone.

CASE DETAILS

- A 65-year-old, male presented with a two week history of poor appetite, coffee ground emesis and hypotension.
- CT scan reported a 10cm segment of circumferential thickening of the proximal jejunum, and dilation of the extra-hepatic bile duct terminating abruptly ~2.5cm above a thickened ampulla.
- EGD demonstrated a large ampullary tumor with ulceration, with ulcerations along the 2nd/3rd portion of the duodenum. His white blood cell count and c-reactive protein gradually decreased, and he was discharged.
- ~1 week later he re-presented with evidence of a large bowel obstruction.
- CT scan demonstrated a tortuous sigmoid colon with an obstructing 2.7cm gallstone, along with dilated proximal bowel. A gastrograffin enema was undertaken to dislodge the gallstone, which was deemed successful.
- Repeat abdominal x-ray on PAD #1 demonstrated extensive pneumoperitoneum. On emergency exploratory laparotomy, he was found to have a perforated cecum, with 3 areas of focal necrosis to the small bowel. A large gallstone within the sigmoid colon was fractured by hand and pushed distally. A right hemicolectomy, along with a segmental small bowel resection was carried out.
- Post-operative CT scan demonstrated decreased intrahepatic bile duct dilatation and clearance of the gallstone.

FIGURES







Figures:
A. Multiple ulcerations within jejunum as seen on small bowel enteroscopy.
B. Barium enema showing obstructing calculus outlined by gastrograffin in the sigmoid colon in the right lumbar region.
C. CT demonstrating gallstone in the distal sigmoid colon causing distal colonic obstruction

DISCUSSION

- The “Rigler” triad has been described as the classic abdominal x-ray findings of gallstone ileus.
  - Pneumobilia
  - Dilated small bowel with a paucity of air in the large bowel
  - An opacity.
- There are a variety of mechanisms for dealing with large bowel obstruction secondary to gallstone ileus.
  - Endoscopic removal of the obstructing stone has been largely unsuccessful.
  - Possible use of extracorporeal shock wave lithotripsy→requires placement of a metallic clip in proximity to the stone.
- For those that require operative intervention, a 2 stage operation is advocated.
  - 1st OR: relieve the obstruction via enterotomy
  - 2nd OR: Stone removal and management of the cholecystoenteric fistula/gallbladder
  - Two stage operation leads to significantly less morbidity and mortality.