Primary Biliopancreatic Limb Gallstone Causing Gallstone Ileus After Roux-en-Y Gastric Bypass

Zachary A Spigel, MD MPH; Shelby Sciullo; Michael “Logan” Rawlins, MD, FACS, FASMBS
West Penn Hospital; Pittsburgh, PA

Background

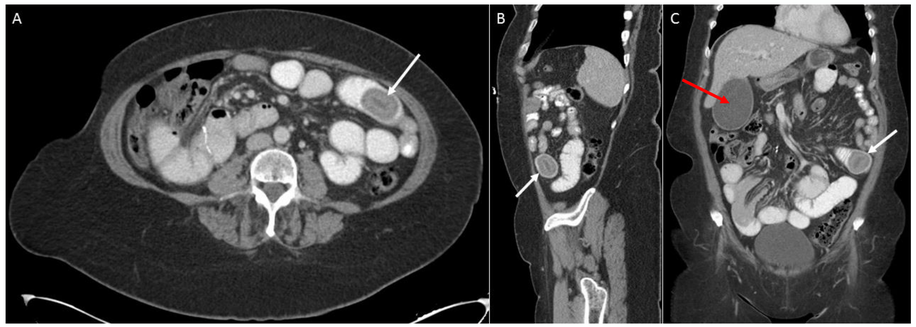
- 69yo F with roux-en-Y gastric bypass 16 years prior
- Presented with 12 hours of cramping abdominal pain
- Pain has subsequently resolved

Work-Up

- No abdominal complaints
- Elevated AST, ALT, alk phos, and lipase
- CT with PO/IV contrast performed:
  - Large mass in proximal ileum
  - Distended gallbladder
  - Dilated common bile duct

Operation

- Diagnostic Laparoscopy
- JJ anastomosis edematous
- Mass identified at ileocecal valve
- Enterotomy performed and mass removed
- No fistulous tract identified at gallbladder
- Cholecystectomy performed



CT scan demonstrating gallstone in transit (white arrow) and distended gallbladder (red arrow)



Specimen: Gallstone

Pathology

- Gallstone measuring 4cm x 3.9 cm x 2.5cm
- Gallbladder: chronic cholecystitis and cholelithiasis without evidence of fistula

Discussion

- Presented with dilated common bile duct and gallbladder with no cholecystoenteric fistula
- Likely cholestasis in biliopancreatic limb resulting in gallstone formation
- Most likely site of formation was the duodenal sweep

- While an uncommon pathology, cholelithiasis can develop in any location of bile salt stasis, including biliopancreatic limbs
- Understanding this phenomenon can help surgeons identify at-risk patients and offer pre-emptive interventions

Allegheny Health Network

The Authors have no relevant disclosures