Case of Gallstone Ileus Following ERCP & Cholecystectomy: A Rare Complication

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Background & Presentation

- Gallstone ileus is a rare cause of bowel obstruction, typically resulting from a cholecystoenteric fistula
- This case presents a unique presentation in the absence of a cholecystoenteric fistula
- Patient presented with epigastric pain, leukocytosis, hyperbilirubinemia

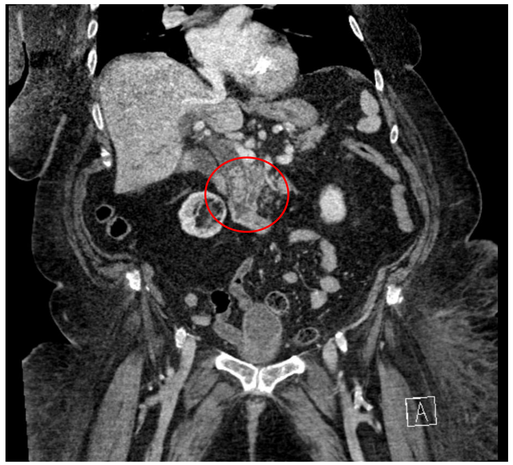

Figure 1. CT imaging demonstrated a distended gallbladder with significantly dilated intrahepatic and extrahepatic bile ducts, consistent with choledocholithiasis.

Post Operative Course

- Patient was unable to tolerate diet
- Symptoms failed to resolve with nasogastric tube decompression

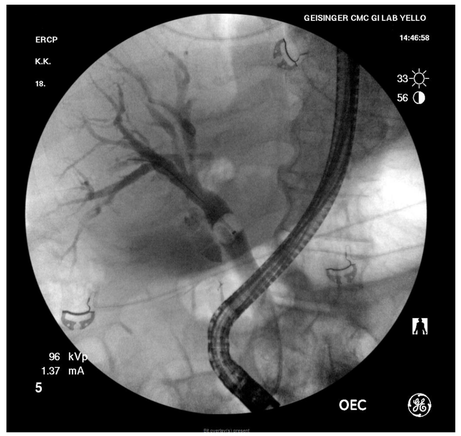

Figure 2: ERCP imaging showing filling defect.

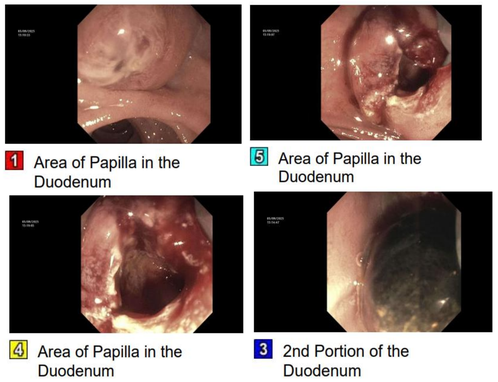

Figure 3. Endoscopic images showing biliary sphincterotomy

Intervention & Results

- Endoscopic removal was attempted, yet unsuccessful
- Patient underwent diagnostic laparoscopy for definitive management
- Adhesions s/p hysterectomy tethered the terminal ileum to the anterior abdominal wall, making passage of the stone or scope difficult
- The enterotomy was closed in a hand sewn two layered fashion

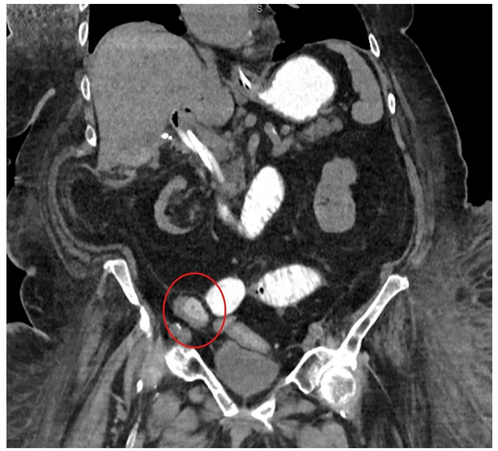

Figure 4. Post ERCP CT showing gallstone ileus with proximal bowel dilation.

Discussion

- Despite surgical and endoscopic intervention, a large enough retained stone is still able to cause the rare complication of a gallstone ileus

Figure 5. Retrieved gallstone.

Conclusion

- This case highlights a rare but significant complication following ERCP, requiring close collaboration between surgery and gastroenterology
- Despite endoscopic clearance of the common bile duct followed by cholecystectomy, with large stones, greater than 2 cm, left within the GI tract, a gallstone ileus remains possible

Admission HD#1 → ERCP HD#2 → Laparoscopic Cholecystectomy HD#3 → Colonoscopy HD#8 (AM) → Diagnostic Laparoscopy HD#8 (PM)

Geisinger