

Ileus Biliar: Uma Causa Rara de Obstrução Intestinal *Gallstone Ileus: A Rare Case of Intestinal Obstruction*

Rosário de Eça¹ , Pedro Sousa² 

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A 88-year-old woman with a 2-day history of abdominal pain, fever, elevated inflammation parameters and biochemical markers of cholestasis underwent an emergency computed tomography (CT). CT was remarkable for pneumobilia and distension of the stomach and small bowel upstream of a transition point in the distal jejunum where a gallstone was visible (Fig. 1). In a previous CT, the same gallstone was seen distending the common bile duct (Fig. 2). A diagnosis of gallstone ileus was reached and an uneventful emergency enterectomy was performed.

Gallstone ileus is a rare complication of cholelithiasis, occurring in 0.3%-0.5% of patients with gallstones, most common in the elderly and female patients. Gallstone ileus results from intestinal impaction of a gallstone, most commonly in the ileum, after being passed through a biliary-enteric fistula (choledochenteric or cholecystoenteric fistula).^{1,2} Though a misnomer, as it represents a mechanical obstruction and not a true ileus, gallstone ileus accounts for less than 5% of mechanical bowel obstructions.^{1,2} CT is the most accurate imaging modality with high sensitivity and specificity, superior to ultrasound or abdominal radiography.^{1,3} With a nonspecific clinical presentation and frequent late diagnosis, gallstone ileus is a surgical emergency associated with high morbidity and mortality.³ ■

Declaração de Contribuição

RE – Escrita do artigo, revisão bibliográfica e aprovação da versão final.

PS – Recolha e tratamento de imagem, aprovação da versão final

Todos os autores aprovaram a versão final.

Contributorship Statement

RE – Writing of the article, literature review and approval of the final version

PS – Collection and image treatment, approval of the final version.

All authors approved the final version.

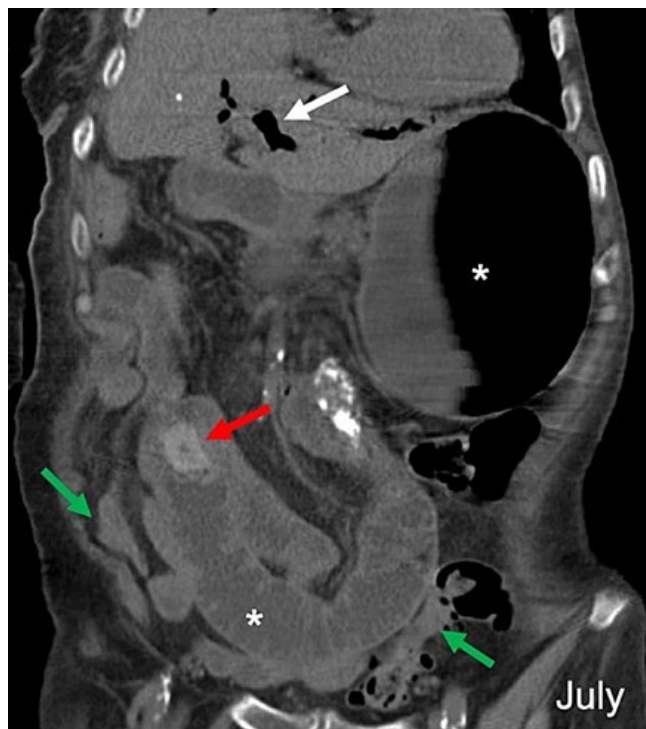


Figure 1: Contrast CT of the abdomen and pelvis in the coronal plane at the time of admission demonstrating an impacted endoluminal calculus with 2 cm in the small bowel (red arrow). Notice the upstream dilatation of the small bowel (*) and stomach (*) and the normal caliber of the colon (green arrows), meaning a mechanical obstruction is present. The biliary tree is also dilated and with pneumobilia (white arrow), meaning a probable fistula with the small bowel was present, in this case a choledocoduodenal.

Responsabilidades Éticas

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¹Serviço de Medicina Interna, Centro Hospitalar Universitário Lisboa Central, Lisboa, Portugal

²Serviço de Radiologia, Hospital Beatriz Ângelo, Loures, Portugal

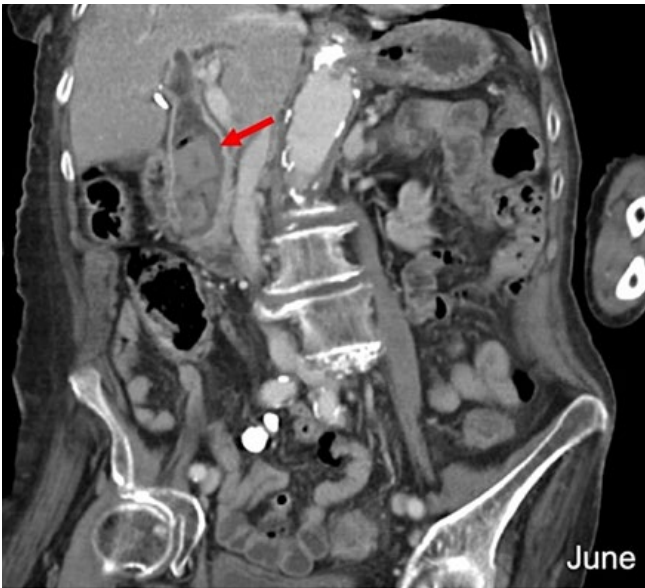


Figure 2: Contrast enhanced CT of the abdomen and pelvis in the coronal plane acquired in the previous month demonstrating the same gallstone (red arrow) in the common bile accompanied by other smaller calculi.

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Correspondence / Correspondência:

Rosário de Eça - rosarinho.eca@gmail.com

Serviço de Medicina Interna, Centro Hospitalar Universitário Lisboa Central, Lisboa, Portugal

Rua José António Serrano, 1150-199, Lisboa

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