

GALLSTONE ILEUS – LEAVE NO STONE UNTURNED

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Poster

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A ninety-year-old woman presented with simultaneous jejunal and duodenal gallstone obstruction, managed with combined laparotomy and endoscopic retrieval.

KEY POINTS

- The patient had two gallstones causing obstruction: a 36mm stone in the jejunum and a 25mm stone in the second portion of the duodenum, representing two forms of gallstone ileus in one patient.
- CT imaging showed jejunal gallstone with proximal bowel distention, gastric distention with stasis, pneumobilia, and the duodenal gallstone.
- Management combined urgent laparotomy with enterectomy for the jejunal stone and intraoperative gastroscopy with net retrieval of the duodenal stone, avoiding an additional enterotomy.
- The patient presented with abdominal pain, nausea, vomiting, hypotension, tachycardia, raised inflammatory markers, acute kidney injury, and hyperlactatemia; the initial postoperative course was uneventful.
- The authors note that only 1-3% of gallstone impactions occur proximally causing gastric outlet obstruction (Bouveret's syndrome), and suggest endoscopy is gaining recognition as a minimally invasive treatment option.

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