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Summary

CHOLECYSTODUODENAL FISTULA ASSOCIATED WITH BOUVERET SYNDROME AND GALLSTONE ILEUS – A CASE REPORT

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A 65-year-old male with rare cholecystoduodenal fistula and gallstone migration presented with gastric and intestinal obstruction requiring surgical intervention complicated by anastomotic dehiscence and septic shock.

KEY POINTS

- The patient presented with 3 days of vomiting and abdominal pain, plus 3 months of postprandial fullness, anorexia, and weight loss.
- Imaging revealed fistulization between the gallbladder and duodenum, with gastric, duodenal, and jejunal distension; endoscopy identified a 5-7 cm calculus in the gastric lumen.
- Exploratory laparotomy identified two stones, one gastric and one ileal near the ileocecal valve, treated with gastrolithotomy and enterolithotomy.
- Postoperative course was complicated by anastomotic dehiscence and septic shock.
- The case illustrates that cholecystoenteric fistulization with gallstone migration is rare and presents with nonspecific symptoms, making diagnosis challenging.

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