

Gallstone Ileus

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A 78-year-old man presented to the emergency department due to abdominal pain with bilious and nonbilious emesis occurring over the last 36 hours. He stated that the pain and emesis were most severe after eating. His past medical history was notable for hypertension, diabetes mellitus, appendectomy, and previous bowel obstruction requiring laparotomy. Vital signs were normal, and physical examination revealed no reproducible abdominal tenderness. Laboratory studies including complete blood count, basic metabolic panel, liver function tests, and lipase levels were unremarkable. Given the patient's previous surgical history, an abdominal radiograph (**Image A**) was obtained, which showed dilated loops of the small bowel (*arrow*) associated with calcifications in the right upper quadrant and mid abdomen (*arrowheads*), highly suggestive of gallstone ileus. Subsequent computed tomography (**Image B**) showed a fistula between the gallbladder (*arrow*) and the small bowel (*arrowhead*), confirming the diagnosis. The patient underwent emergent cholecystectomy, enterotomy repair, and intraluminal gallstone removal. His postoperative course was uneventful, and he was discharged home in stable condition.

Gallstone ileus is a complication of either acute or chronic cholecystitis and is responsible for approximately 25% of nonstrangulated bowel obstructions in patients over age 65 years.¹ Classically, obstruction occurs when a gallstone erodes through the gallbladder wall and migrates through a biliary-enteric fistula into the lumen of the small bowel. Clinical findings are nonspecific and may include abdominal pain, nausea, bilious emesis, and elevated aminotransferase levels. In this case, the deceptively normal liver function tests may have resulted from the gallstone not migrating through or obstructing the biliary tree and continued biliary drainage through the fistula and the ampulla. Computed tomography is the most appropriate diagnostic imaging modality for gallstone ileus, with 1 study showing sensitivity of 93% and specificity of 99%.² Mortality, even with successful surgical intervention, has been reported as high as 15% to 18%.¹ **HP**

REFERENCES

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