

## **BILIARY ILEUS SYNDROME AND THE IMPORTANCE OF DIAGNOSIS AND EARLY SURGICAL APPROACH IN THE EMERGENCY**

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## INTRODUCTION

Gallstone ileus syndrome is a rare and potentially serious cause of obstruction of the gastrointestinal tract due to the impaction of a stone originating in the bile duct. It is a complication of gallbladder stone disease, affecting mainly elderly people between 65 and 75 years old, with a predominance of females.<sup>1 2</sup>.

The pathophysiology consists of a condition of cholelithiasis that evolves into the formation of a bilioenteric fistula, which in up to 60% of cases is a cholecystoduodenal communication, allowing the passage of the stone to the gastrointestinal tract<sup>3</sup>. The clinical picture presents symptoms of complete or incomplete intestinal obstruction. This pathology represents 1-4% of cases of mechanical intestinal obstruction<sup>1 2</sup>. Early diagnosis and urgent surgical intervention can reduce morbidity and mortality rates resulting from this disease<sup>3</sup>.

This study reports an elderly patient with a classic clinical history in the literature who, after early diagnosis, had a good evolution due to the correct surgical approach and good medical and hospital care, with a positive outcome.

## REPORT OF CASE

Male patient, 77 years old, complaining of diffuse abdominal pain for 4 days, associated with fecaloid vomiting and absence of elimination of feces or flatus for 5 days. Previous history of cholelithiasis, without other comorbidities.

On physical examination, he presented a flaccid, slightly depressible abdomen, with diffuse deep and superficial pain on palpation, without signs of peritoneal irritation.

Non-contrast tomography of the abdomen and pelvis (figure 1) showed aerobilia at the site of the bile duct and gallbladder with a thickened wall, with a focus of gas and an

apparent cholecystoduodenal fistula. A single and heterogeneous oval image was observed in the lumen of the terminal ileum, suggestive of a stone, measuring 3.2 cm in its largest axial diameter and distension of the enteric loops, with signs of high obstruction.

The patient underwent exploratory laparotomy. In the inventory of the cavity, little free fluid, absence of pus, slightly swollen and distended small loops and a stone measuring approximately 5cm impacted in the ileum, 20cm from the ileo-cecal valve were observed (figure 2). Enterotomy was performed to extract the stone and enterorrhaphy in 2 layers, with washing of the cavity and positioning of a gastric tube.

In the immediate postoperative period, he was sent to the ICU under antibiotic therapy. He progressed well, without complications, and was discharged 11 days after admission.



Figure 1. Abdominal CT with the presence of aerobilia

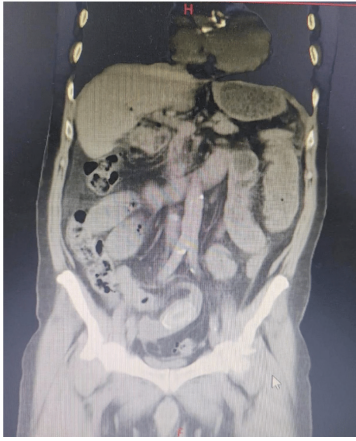


Figure 2. CT scan of the abdomen with ectopic stone in the terminal

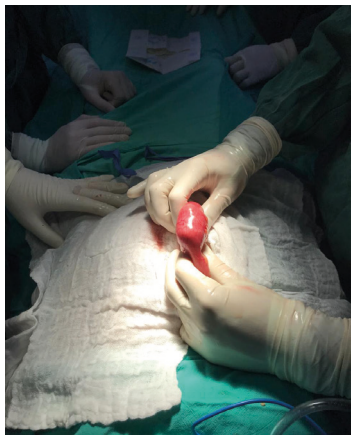


Figure 3. Stone in the topography of the ileum.



Figure 4. Calculation approximately 5 cm.

## DISCUSSION

The clinical picture and advanced age are compatible with literature findings, however the patient was male, contrary to epidemiology. In addition, findings known as Rigler's Triad, consisting of aerobilia, ectopic gallstones and high obstruction, were also observed.

Stones causing obstruction are usually greater than or equal to 2.5 cm and the most common site of involvement is the ileum in up to 70% of cases, as well as in our patient.

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