

Case	(099) Biliary ileus: an infrequent cause of intestinal obstruction
Authors	
Centre	

R. Sigüenza González, R. Petruzzella Lacave, S. Joral Del Hoyo, C. Castañeda Cruz, T. Álvarez De Eulate García, I. Jiménez Cuenca. Clinical Hospital.

CASE PRESENTATION

4 year-old woman presented at the emergency department with abdominal pain. Abdominal ultrasound and computed tomography were performed. It showed uncomplicated cholelithiasis. She was discharged with antibiotic treatment. Six months later, she returned referring abdominal pain in right upper quadrant and vomiting. In the blood test, she had leukocytosis. The first time which the patient presented at the emergency department, an abdominal ultrasound (figure A) and computed tomography (CT) (figure B) were performed. An uncomplicated cholelithiasis was found (arrow in A/B).

The second time which the patient went to the emergency department, an abdominal radiograph was performed. It showed hydroaereo levels. So, an abdominal CT was requested to rule out an intestinal obstruction.

CT showed an irregular gallbladder with gas (figure C, arrow) and perivesicular fluid. These findings were due to complicated acute cholecystitis. It associated dilation of small bowel loops prior to an ileal segment that contained a lithiasis (figure D, arrow). This lithiasis was coinciding with that seen on the previous CT, in the gallbladder itself.

DISCUSSION

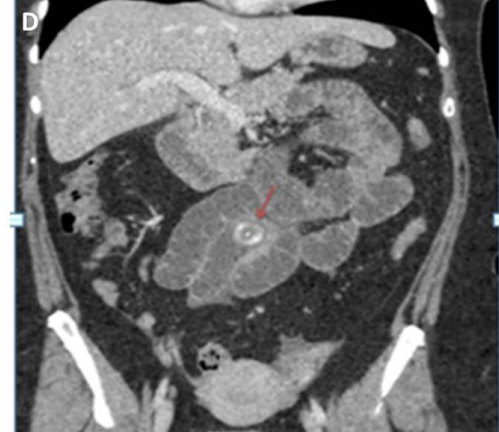
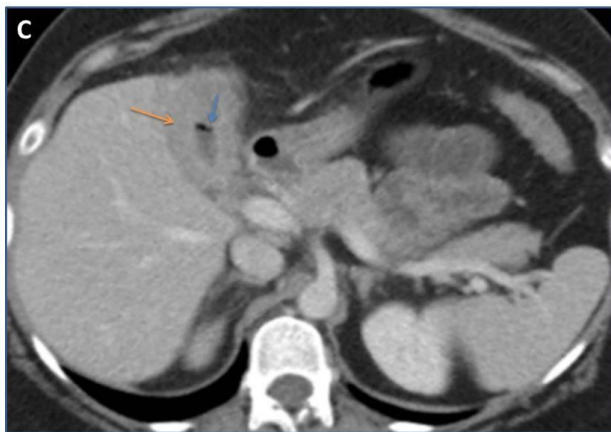
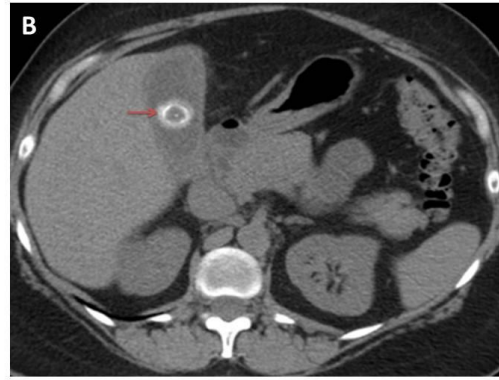
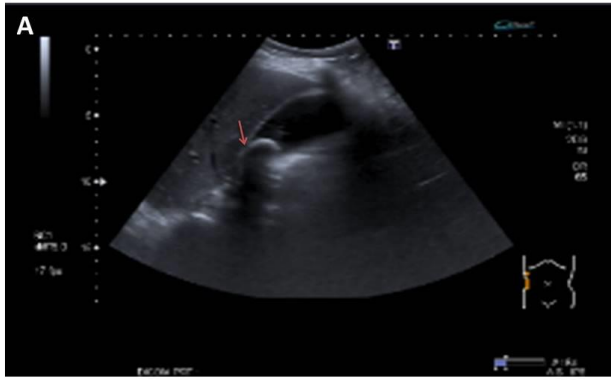
The features were compatible with biliary ileus. The treatment consisted of urgent enterolithotomy. Gallstone ileus is a rare cause of intestinal obstruction that can occur due to impaction of one or more gallstones in any segment of the digestive tract. It can manifest with abdominal pain, due to the migration of the gallstone through the intestinal tract, until intestinal obstruction occurs, associating nausea, vomiting and/or diarrhea (1)(2).

Imaging tests have a fundamental role, with CT being the technique of choice in these cases (3)(4). This imaging test reveals the presence of pneumobilia, the existence of a cholecystoduodenal fistula, the level of stone impaction and intestinal obstruction.

The differential diagnosis includes other entities such as paralytic ileus, intestinal ischemia or lithiasis in the abdominal cavity post-cholecystectomy. The treatment of choice is surgical, with enterolithotomy being the most frequently performed technique as indicated in the case presented.

CONCLUSION

Biliary illeus is a rare entity with significant comorbidity. Frequently, imaging tests are the key to make an early diagnosis and treatment of this disease.



BIBLIOGRAPHY

- Martín-Pérez J, Delgado Plasencia L, Bravo Gutierrez A, Burillo Putze G, Martínez Riera A, Alarcó Hernández A, et al. El íleo biliar como causa de abdomen agudo. Importancia del diagnóstico precoz para el tratamiento quirúrgico. *Cir Esp.* 2013; 91: 485-89.
- Dai X.Z, Li G.Q, Zhan F, Wang X.H, Zhang C.Y. Gallstone ileus: case report and literature review. *World J Gastroenterol.* 2013; 19: 5586-89