



Abdominal Distention and Vomiting in a 57-Year-Old Man

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PRESENTATION

A 57-year-old man presented to our emergency department with a 1-day history of abdominal distention and vomiting. He had not previously undergone abdominal surgery but had experienced biliary colic at 40 years of age.

ASSESSMENT

On examination, he was afebrile and had blood pressure of 133/71 mm Hg. Physical examination showed a soft abdomen with mild tenderness over the right lower quadrant, without rebound tenderness, and tympanic sounds on percussion. Blood samples showed leukocytosis with a white cell count of $28,800 \times 10^3$ cells/ μ L (neutrophils 87.8%) and normal urea, electrolytes, liver function, and lipase.

DIAGNOSIS

Plain abdominal radiography revealed multiple distended loops of small bowel. Contrast-enhanced abdominal computed tomography revealed a radio-opaque density with a diameter of about 1.4 cm in the distal ileum (Figure 1), which was identified as a calcified gallstone. Therefore, a diagnosis of gallstone ileus was made.

MANAGEMENT

We discussed treatment options with the patient and decided on conservative treatment. A plain abdominal radiography taken on day 2 revealed that the gallstone had moved to the sigmoid colon (Figure 2). The patient was discharged on day 5 and did not have a recurrence of symptoms or any complications during 12 months of follow-up. Generally, the presence of intestinal constriction and the size of gallstone determine the impaction. Gallstones generally need to be larger than 2.0 cm to cause impaction in the bowel.¹ Impaction of gallstones smaller than 2.0 cm is uncommon but may occur due to spasms or bowel angulation. The cornerstone of treatment is relief of the obstruction by extraction of the

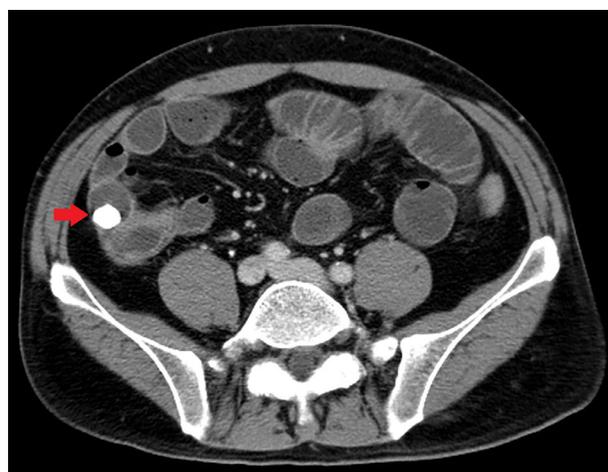


Figure 1 Contrast-enhanced abdominal computed tomography revealed a radio-opaque density with a diameter of about 1.4 cm in the distal ileum.

Funding: None.

Conflicts of Interest: None.

Authorship: All authors had access to the data and a role in writing this manuscript.

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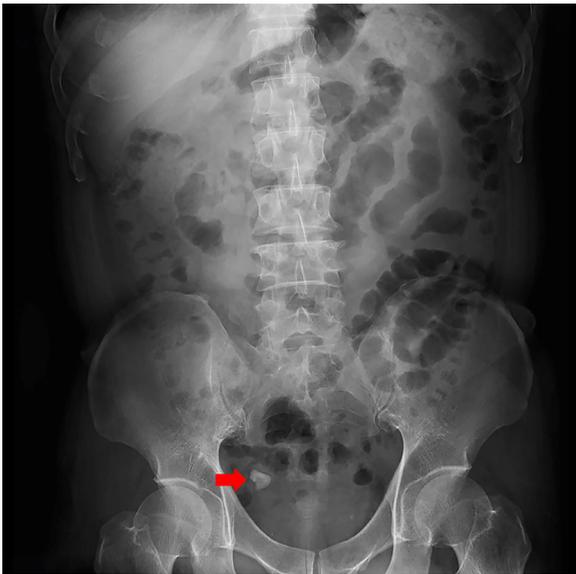


Figure 2 A plain abdominal radiography taken on day 2 revealed that the gallstone had moved to the sigmoid colon.

gallstone² because spontaneous passage is rare. However, conservative treatment without surgery may be effective if the obstructing gallstone is smaller than 2.0 cm,³ as in this case. This case describes a rare manifestation of intestinal obstruction caused by a small gallstone. This case illustrates that conservative treatment may be an effective alternative to surgery in patients with gallstone ileus caused by small gallstones (<2.0 cm).

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