Radiology Elective Case Presentation

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A case from ED radiology

91 yo F with PMHx of CAD, HTN, asthma, and uterine fibroids presents to urgent care with nausea/vomiting x 2 days
Impression: possible localized ileus.
The patient was sent home with Reglan and return precautions.

She had recurrent projectile emesis overnight. The next morning, she presented to the ED.

Vitals: wnl
Labs: WBC 17, bicarb 21, lactate 3.2, creatinine 1.99 (baseline 0.8), LFTs wnl

What imaging would you order?
Gallstone ileus

Gallstone passes into the bowel and becomes impacted, causing bowel obstruction

Mechanism
• Recurrent cholecystitis → adhesions b/w gallbladder and small bowel → biliary-enteric fistula
• Can also occur after ERCP with sphincterotomy
• Ileus is a misnomer as the obstruction is mechanical, not functional

Epidemiology
• <1% of small bowel obstructions
• More common in elderly, female patients with comorbidities
• Also more common on board exams!

Presentation
• “Tumbling obstruction” → episodic subacute symptoms of obstruction
• Abdominal pain, nausea/vomiting, distention
Gallstone ileus

Diagnosis

- Abdominal CT is imaging modality of choice
- **Rigler triad**
  1. Pneumobilia
  2. Small bowel obstruction
  3. Obstructing ectopic gallstone
Gallstone ileus

Treatment

• Surgery: stone removal, with possible cholecystectomy and biliary-enteric fistula closure
• Mortality rate 5-25%

Our patient was taken to the OR for exploratory laparotomy and removal of stone, which was found lodged in the distal jejunum with a clear transition point.

She recovered well and was discharged to short-term rehab.
AXR from urgent care

Scout

CT
References

