

# The operative management of gallstone ileus – the unanswered question

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## ABSTRACT

Gallstone ileus accounts for 1-4% of all presentations to hospital with mechanical small bowel obstruction. It occurs predominantly in female. In elderly patients (>65 years) it consists of 25% of all cases of small bowel obstruction. Gallstone ileus is caused by an impaction of one or more gallstones within the gastrointestinal tract leading to mechanical intestinal obstruction. It is a rare complication of cholelithiasis and found in 2-3% of all cases associated with recurrent episodes of cholecystitis. However, it carries five times the risk of morbidity (20-57%) compared with other causes of small bowel obstruction. This case study presents a 57-year-old female with gallstone ileus. She underwent an emergency enterolithotomy and gallstone extraction. Due to the residual gallstone in the gallbladder, she was then scheduled for an interval cholecystectomy and cholecystoduodenal fistula closure. While the relief of intestinal obstruction by extraction of the offending gallstone has been mostly accepted as the main therapeutic goal of surgery in gallstone ileus, the proper surgical management of this disease remains controversial. Several studies advocated a one-stage procedure where feasible, while the others suggested that it should be considered for low-risk patients only. Unfortunately, the question of whether interval biliary surgery should be performed remains unanswered and surgeons will continue to make the decision based on their clinical judgement.

## BIOGRAPHY

Dr Chi Fai Tsang has completed his BMedMD from the University of New South Wales, Australia. He is currently in training in General Surgery in Sydney.



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