

Colonic Perforation secondary to gallstone impaction in the sigmoid colon.

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Abstract

Gallstone ileus is a rare entity which develops in only 0.3 to 0.5% of patients with cholelithiasis. Gallstone sigmoid ileus consists only 4% of all gallstone ileus patients. This incidence rate can be interpreted that 12-15 patients per 100,000 of all patients with gallstone ileus may diagnosed with sigmoid gallstone ileus .

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Abstract

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Gallstone sigmoid ileus is very rare manifestation of the large bowel obstruction. Mainly, three conditions predispose the manifestation of the entity; in particular, an episode of cholecystitis causing cholecysto-colonic fistula; a large gallstone; and narrowing of the sigmoid colon secondary to diverticular disease or malignancy [1].

An 82-year old man presented to the emergency department with one-week history of severe constipation, tachypnoea, tachycardia, hypotension and high lactate. Physical examination demonstrated cyanosed upper and lower extremities; palpation of the abdomen revealed signs of peritonism, abdominal distention and guarding. CT scan demonstrated perforation of the hollow viscus organ secondary to impaction of the large gallstone in the sigmoid colon [Figure 1]. Laparotomy revealed sigmoid perforation and widespread feculent peritonitis. Patient underwent Hartmann's procedure. After the intervention given concerns regarding patient's haemodynamic stability, he transferred in the intensive care unit. Patient passed away in the third postoperative day due to complications secondary to haemodynamic instability.

Patients with early diagnosed uncomplicated sigmoid gallstone ileus can be managed with endoscopic mechanical lithotripsy. In case of failure open or laparoscopic enterolithotomy can be applied. However, when patients presented with complications surgery should not be delayed

References

Clavien PA, Richon J, Burgan S, Rohner A. Gallstone ileus. Br J Surg 1990; 77: 737-742. PMID:2200556

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Figure 1 : Large gallstone impacted in the sigmoid colon (Arrow)

