

Management of Gallstone Ileus: A Retrospective Study at a Tertiary Care Hospital in India

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Abstract

Gall stone ileus is an infrequent complication of symptomatic cholelithiasis accounting for 1%-4% of intestinal obstructions. It has a high mortality of 12%-15% associated with it as most patients are of advanced age, have concomitant diseases, present late and hence undergo delayed intervention. Controversy still surrounds its treatment-whether to perform one stage procedure consisting of enterolithotomy, cholecystectomy with repair of biliary fistula or a staged procedure where enterolithotomy alone is performed at the initial surgery. A retrospective study was conducted at Dr. RML Hospital with the aim to evaluate the outcome of enterotomy and stone extraction (two staged procedure) alone as the preferred treatment of choice in the four patients who presented between January 2005 to July 2010. All underwent enterolithotomy and stone extraction alone as the first surgery with a mean operating time of one hour twenty five minutes, no mortality and minimum morbidity. Hence, we strongly believe that enterolithotomy alone should be the procedure of choice for gall stone ileus. One staged procedure should be reserved for patients with absolute indications (acute cholecystitis and/or gangrene of gallbladder).

Keywords: Gallstone ileus; Cause of small bowel obstruction; Complication of symptomatic cholelithiasis; Cholecystoduodenal fistula; Retrospective study.

Introduction

Gallstone ileus is an infrequent complication of symptomatic cholelithiasis.[1] It is an uncommon cause of small bowel obstruction accounting for 1% to 3% of all intestinal obstructions.[2,3] It usually presents in the elderly population and deserves special attention due to the high mortality rates 12%-18%.[2,4,5] These high rates have been attributed to advance age, concomitant diseases, delayed presentation and subsequent delayed intervention.[6]

The treatment of gallstone ileus remains controversial. The options include - one stage procedure consisting of enterolithotomy, cholecystectomy with repair of biliary fistula or a staged procedure where enterolithotomy alone is performed at the initial surgery, cholecystectomy and the repair of biliary fistula done later. The former procedure is related to a prolonged operative time and a higher perioperative morbidity and mortality in these sick patients.[5,7] The latter may predispose the patient to subsequent attacks of cholecystitis, cholangitis and recurrent gallstone ileus.

In our set up we practiced the staged procedure in all our patients. A retrospective study revealed the excellent results of this procedure in these sick patients of gallstone ileus who more often than not have a poor performance status at presentation.

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