SCIENTIFIC LETTERS

Bouveret’s syndrome: An unusual cause of duodenal obstruction

Síndrome de Bouveret, una causa infrecuente de obstrucción duodenal

Bouveret’s syndrome is a rare type of gallstone ileus that consists of duodenal obstruction secondary to the passage of a stone through a cholecystoduodenal fistula and presents in elderly patients. A clinical case is described.

An 86-year-old man sought medical attention for epigastric pain and vomiting with food remains for several days associated with general malaise and dehydration. Physical examination revealed mild epigastric pain with tympanism. Laboratory work-up reported hemoglobin 16.3 g/dL, urea 133 mg/dl, creatinine 3.20 mg/dl, lactate 2.14 mmol/L, and CRP 189.6 mg/L. A plain abdominal x-ray showed gastric dilation. Upper endoscopy revealed a dilated stomach with abundant fluid. A large stone was found over the pylorus and duodenum that impeded the passage of the endoscope. An attempt to fragment the stone was unsuccessful. A CT scan also identified the presence of a stone, along with gas in the gallbladder. A pyloroduodenotomy with stone extraction and transverse duodenorrhaphy with the Heineke-Mikulicz technique were performed, but not a cholecystectomy. There were no postoperative complications and the patient was released from the hospital (fig. 1).

Bilioenteric fistula is present in 2-3% of the cases of cholelithiasis. This communication allows the stone to enter the intestine causing a bowel obstruction known as

Figure 1  Abdominal CT scan showing impacted lithiasis at the pyloroduodenal level and the gastric obstruction.

Resolution of complex choledocholithiasis with removable metal stent. A case report

Resolución de coledocolitiasis compleja con stent metálico removible. Reporte de un caso

Extraction can turn out to be complex in 15-20% of choledochal stones due to size (> 15 mm), number (≥ 3), or the container-content dissociations determining impactions. Under these adverse circumstances, other endoscopic techniques should be applied: large-volume balloon dilation or mechanical, laser, or electrohydraulic lithotripsy. If therapeutic success is not achieved, the placement of plastic biliary stents is employed as a bridge until definitive intervention. Over the last decade, the use of self-expanding metal stents in the context of benign biliary pathology has increased, but their role in treating biliary stones has not been described. We present herein the case of complex bile duct stones resolved through the placement of a removable metallic biliary stent.

A 59-year-old woman had a past medical history of cholecystectomy and severe aortic stenosis. She sought medical attention for intense epigastric pain radiating to the upper right quadrant and back, accompanied with jaundice and choloria of 15-day progression. A liver function test showed cholestasis and abdominal ultrasound revealed dilated intrahepatic and extrahepatic bile ducts with a 20 mm stone in the retropancreatic part of the bile duct.

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Conflict of interest

The authors declare that there is no conflict of interest.

References


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