Rigler’s triad in gallstone ileus: a rare form of bowel obstruction

Tríada de Rigler en íleo biliar. Una forma poco común de obstrucción intestinal

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Gallstone ileus is a rare cause of bowel obstruction and abdominal x-ray can identify small bowel obstruction, peritonitis, and ectopic gallstone (Rigler’s triad) in less than 30% of the patients. We present herein the case of an 80-year-old woman diagnosed 4 years prior with chronic calculous cholecystitis that was untreated. Physical examination and clinical anamnesis were consistent with bowel obstruction and the patient also presented with clinical and biochemical data of systemic inflammatory response syndrome (fever, tachycardia, and leukocytosis) and peritoneal irritation. Plain abdominal and chest x-rays were taken (figs. 1 and 2), identifying gastric distension and Rigler’s triad. An abdominal tomography scan corroborated the diagnosis of gallstone ileus (fig. 3). Laparotomy revealed a 5 x 4 x 4 cm gallstone located 1 m from the angle of Treitz, as well as segmental ischemia and necrotic patches in the mucosa of the small bowel (fig. 4). A 20-cm resection of the jejunum and a stapled side-to-side intestinal anastomosis were performed (fig. 5). The patient’s postoperative progression was satisfactory.

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Figure 2  Chest x-ray showing the gastric distension and pneumobilia (black arrow).

Figure 3  Sagittal view of the abdominal tomography scan in which Rigler’s triad can be seen, along with bowel segment dilation (white arrow), pneumobilia (black arrow), and the ectopic gallstone in the proximal jejunum (black dotted arrow).

Figure 4  Segmental ischemia and necrotic patches in the mucosa of the small bowel.

Figure 5  Image of the surgical specimen and stone.

Ethical responsibilities

Protection of persons and animals. The authors declare that no experiments were performed on humans or animals for this study.

Data confidentiality. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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Conflict of interest

The authors declare that there is no conflict of interest.