

CLINICAL IMAGE IN GASTROENTEROLOGY



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

M.M. Ramírez-Ramírez^{a,*}, E. Villanueva-Saenz^b, G. Zubieta-Ofarril^c

^a General Surgery SSA, Hospital Regional de Alta Especialidad de Ixtapaluca, Ixtapaluca, State of Mexico, Mexico

^b Colorectal Surgery, Hospital Ángeles del Pedregal, Mexico City, Mexico

^c General Surgery Residency, Hospital Ángeles del Pedregal, Mexico City, Mexico

Gallstone ileus is a rare cause of bowel obstruction and abdominal x-ray can identify small bowel obstruction, pneumobilia, 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.

E-mail address: moy1510@hotmail.com (M.M. Ramírez-Ramírez).



Figure 1 Abdominal x-ray showing the gastric distension, bowel segment dilation (white arrow), and ectopic gallstones (black dotted arrows).

^{*} Please cite this article as: Ramírez-Ramírez MM, Villanueva-Saenz E, Zubieta-Ofarril G. Tríada de Rigler en íleo biliar. Una forma poco común de obstrucción intestinal. Revista de Gastroenterología de México. 2016;82:103–104.

^{*} Corresponding author. Hospital Ángeles Pedregal, Consultorio 676, Camino a Santa Teresa 1055, Colonia Héroes de Padierna, Magdalena Contreras, Ciudad de México, DF, México. Tel.: +015551907732.

²²⁵⁵⁻⁵³⁴X/© 2015 Asociación Mexicana de Gastroenterología. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

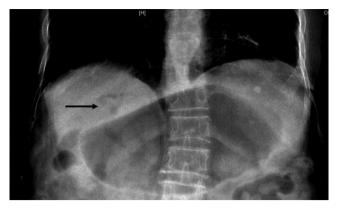


Figure 2 Chest x-ray showing the gastric distension and pneumobilia (black arrow).



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

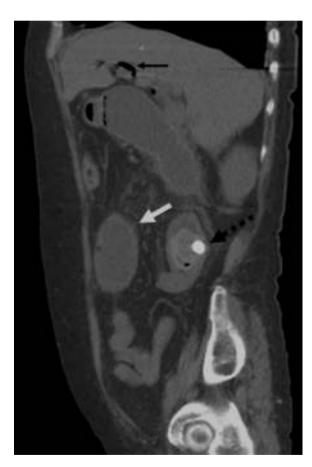


Figure 3 Sagittal view of the abdominal tomography scan in which Rigler's triad can be seen, along with bowel segment dilation (white arrow), pneumobilia (black arrow), and the ectopic gallstone in the proximal jejunum (black dotted arrow).



Figure 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.

Financial disclosure

No financial support was received in relation to this study/article.

Conflict of interest

The authors declare that there is no conflict of interest.