Effective endoscopic holmium laser lithotripsy in the treatment of a large impacted gallstone in the duodenum

Gallstone ileus is caused by the passage of one or more large gallstones (at least 2.5 cm in size) in the gastrointestinal tract through a bilioenteric fistula. It accounts for 1% to 4% of all cases of mechanical small-bowel obstruction [1,2]. The obstructing gallstone is usually impacted in the terminal ileum, rarely the duodenum [1]. Computed tomography generally reveals mechanical bowel obstruction, pneumobilia, and an ectopic stone in the intestinal lumen (Rigler’s triad) [3]. Although surgery is considered the gold standard treatment, a less invasive endoscopic approach is advisable in high risk patients [4].

An 87-year-old woman was admitted to the emergency department with abdominal pain and vomiting of 3 days’ duration. Computed tomography showed a large, calcified ring in the duodenum and aero-bilia (Fig. 1). Upper gastrointestinal endoscopy revealed a large obstructive stone in the duodenal bulb that could not be removed endoscopically, even after pyloric dilation. Because of the obstructive symptoms, a gastrojejunal anastomosis was created, which partially relieved the obstruction.

To fragment the stone, we performed another endoscopic procedure. A holmium laser (HLS30W Holmium:YAG Laser; Olympus America, Center Valley, Pennsylvania, USA) was applied for a total of approximately 200 minutes. This resulted in fragmentation of the stone into small parts, which were removed with an extraction basket and a retrieval device (Video 1).

The patient was discharged after 15 days with complete resolution of the occlusive symptoms, and her scheduled cholecystectomy was canceled.

Competing interests: None

References
1 Reisner RM, Cohen JR. Gallstone ileus: a review of 1001 reported cases. Am Surg 1994; 60: 441–446

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1393150
Endoscopy 2015; 47: E485 © Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

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