Use of a Roth Net Platinum Universal Retriever for the endoscopic management of a large symptomatic gallstone causing Bouveret’s syndrome

A 65-year-old woman, who was diagnosed with extraperitoneal portal vein thrombosis, portal biliopectasia, and gallstone disease, presented with multiple episodes of vomiting associated with abdominal pain after meals, with no overt gastrointestinal bleed or jaundice. Physical examination revealed a malnourished, dehydrated pale patient with a distended upper abdomen without peritoneal signs. Contrast-enhanced computed tomography (CT) imaging performed immediately after hydration to look for extension of portosystemic thrombus revealed a fistulous communication between the body of the gallbladder and the duodenal bulb (Fig. 1, dotted black arrow). A calculus, measuring 3.7 × 2.2 cm (Fig. 1, black arrow), was seen lodged at the junction of the first and second parts of the duodenum, causing gastric outlet obstruction (dotted white arrow) suggestive of cholecystoduodenal fistula and Bouveret’s syndrome.

Gastroscopically, a large pigmented stone was seen in the duodenal bulb (Fig. 2). The stone was successfully removed endoscopically (Fig. 3) using a Roth Net Platinum Universal Retriever (net size 4 × 5.5 cm, diameter 2.5 mm; US Endoscopy, Mentor, Ohio, USA). Less than 5% of intestinal obstruction is due to Bouveret syndrome [3], and this stone is most commonly seen in frail women [2]. Physical examination revealed a malnourished, dehydrated pale patient with a distended upper abdomen without peritoneal signs. Contrast-enhanced computed tomography (CT) imaging performed immediately after hydration to look for extension of portosystemic thrombus revealed a fistulous communication between the body of the gallbladder and the duodenal bulb (Fig. 1, dotted black arrow). A calculus, measuring 3.7 × 2.2 cm (Fig. 1, black arrow), was seen lodged at the junction of the first and second parts of the duodenum, causing gastric outlet obstruction (dotted white arrow) suggestive of cholecystoduodenal fistula and Bouveret’s syndrome [1].

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References


Bibliography

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