

PICTURES IN DIGESTIVE PATHOLOGY

Rigler triad in gallstone ileus

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CASE REPORT

An 82-year-old female was referred to our department with symptoms of abdominal distension and pain, constipation and vomiting in the past 48 hours. The clinical exam showed distension and diffuse abdominal pain, with no signs of peritonism. It was associated with 38 °C fever, leukocytosis and elevated creatinina in laboratory tests.

The abdominal X-ray (Fig. 1) showed small bowel dilatation as a result of an intestinal obstruction, an image of lithiasis in the lower right quadrant and aerobilia. By abdominal CT scan, chronic cholecystitis, intrahepatic aerobilia, and a cholecystoduodenal fistula were recognized (Fig. 2), associated with an intestinal obstruction caused by a gallstone in terminal ileum (gallstone ileus).

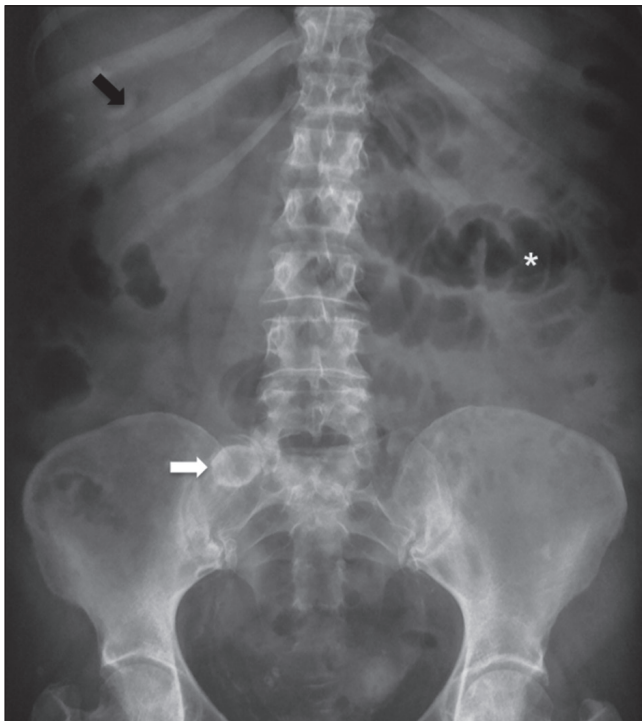


Fig. 1. Rigler triad: aerobilia (black arrow), gallstone in terminal ileum (white arrow) and intestinal obstruction signs (asterisk).

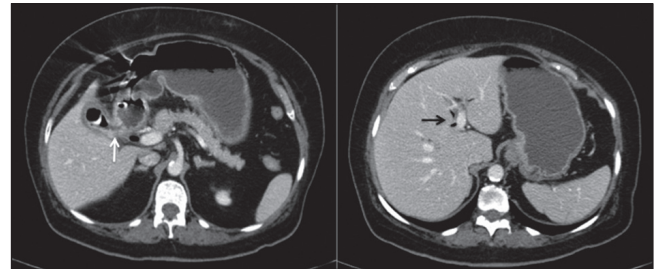


Fig. 2. Chronic cholecystitis with cholelithiasis, associated with fistula (white arrow). Intrahepatic aerobilia (black arrow).

Surgical exeresis of the gallstone was performed to resolve the intestinal obstruction, with a second-look surgery for the cholecystoduodenal fistula.

DISCUSSION

Gallstone ileus is an infrequent complication of a biliary disease that produces an intestinal obstruction. This is a mechanic obstruction caused by a gallstone passing through a bilio-digestive communication, usually a cholecystoduodenal fistula (1). It is more prevalent in elderly females as a result of an unresolved chronic cholecystitis. The X-ray findings are usually nonspecific, and observing a complete Rigler triad, which includes aerobilia, ectopic gallstone and intestinal obstruction signs, is exceptional (2). The treatment to resolve the intestinal obstruction is surgical (3), usually with a second-look surgery to remove the chronic cholecystitis and to repair the bilio-digestive fistula.

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