





**Figure 2. Intra-operative finding of 2 gall stones in the terminal ileum.**

## DISCUSSION

Gall stone ileus is an uncommon condition that occurs due to erosion of the gall bladder resulting in the presence of gallstones in the intestines. This creates a spontaneous fistula (biliary enteric fistula), mostly in the duodenum<sup>5</sup>.

Among all cases of gallstone disease, incidence of gall stone ileus is 0.3-0.5%.<sup>2</sup> Rate of complications in gallstone ileus remains high, ranging from 12% to 27%, due to presence of atypical symptoms, non-specific biochemical markers, age of the patient, presence of co-morbidities, late presentation, and delayed diagnosis<sup>6,7</sup>.

An abdominal X-ray can reveal a specific set of signs indicative of gallstone ileus, known as Rigler's triad. This triad includes pneumobilia, small bowel obstruction, and the presence of a gallstone<sup>7</sup>. However, computed tomography (CT) is the preferred imaging method due to its higher sensitivity of 93%<sup>8</sup>. Additionally, gallstone ileus may be identified intraoperatively when a patient is undergoing laparotomy for an unknown cause of small bowel obstruction<sup>9</sup>.

Currently, two primary treatment approaches are available for gallstone ileus: the single-stage and two-stage procedures. The single-stage procedure involves a combined entero-lithotomy, cholecystectomy, and fistula closure. Conversely, the two-stage procedure starts with an entero-lithotomy and cholecystectomy, followed by fistula closure at a later stage<sup>10</sup>. The location of the gallstone is crucial in determining the appropriate surgical approach. For gallstones lodged in the small intestine, a two-stage procedure is recommended, while a one-stage procedure is preferred for gallstones in other bowel regions<sup>11</sup>. Nonetheless, the patient's overall health and existing medical conditions can influence surgical outcomes and should be carefully considered, particularly for single-stage procedures<sup>5,9</sup>. With a two-stage approach, there's a slight risk of gallstone ileus recurrence, with approximately 10% of patients requiring additional surgical intervention<sup>12</sup>.

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