

Enterolith Ileus Due To Hard Primary Enterolith

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SHORT COMMUNICATION

77 year old female presented to Surgical Gastroenterology department with c/o pain abdomen & vomiting 2months off and on. Initially she was treated conservatively at periphery. The blood tests were normal & X ray abdomen showed critically dilated bowel loops & mid ileal obstruction. There was no history of patient being edentulous, no history of any abdominal surgery, no history of Gall bladder stones, IBD or any radiation exposure or psychiatric illness. At our department patient underwent CECT abdomen, which showed hyper dense shadow in mid ileal segment causing intestinal obstruction & dilated proximal small bowel loops up to 3.5-4 cm, distal to radio-opaque shadow the bowel was collapsed (Figure 1). Since patient already had failed conservative treatment & high RT output for last 5 days, she was planned & taken for surgery.

Intraoperative findings were-massively distended small bowel till mid ileum, an enterolith approx 3-4 cm was palpable there was no stricture distal to it, there were no diverticulitis or adhesions. The enterotomy done directly on the enterolith and the stony hard 3.6X 3 cm size rough stone like very hard enterolith removed (Figure 2). It was so hard that it caused stone sound when dropped in kidney tray (Figure 3). Enterotomy was closed in transverse manner in 2 layers. Patient recovered well and discharged on postop day 7 after complete oral diet.

DISCUSSION

Intestinal enterolith obstruction in elderly has various causes, varying from true primary enteroliths to false primary enteroliths. True primary enteroliths are assumed to be spontaneously formed and are made of calcium carbonate, calcium oxalate etc. crystals and have consistency similar to renal stones. The false primary enteroliths are formed due to intestinal stasis in adhesions of previous operation, radiation exposure, benign strictures, diverticulae, IBD or lack of chewing food leading to phytobezoar formation [1]. False primary enteroliths are soft and breakable, having low density on CT with mottled appearance. Secondary enteroliths are exemplified by gall stone ileus, these have mixed density on CT. True primary enteroliths have very high density like calcium carbonate content [2].

In this case of true primary enterolith, neither adhesion nor stricture was present and patient was not psychiatric or edentulous state, who could have swallowed meal without chewing making a food bolus impaction. This case had stony hard enterolith of calcium carbonate like consistency making it white in CECT & stony noise when dropped to metallic tray. These are made of calcium carbonate, calcium oxalate and calcium phosphate-like renal stones. This case adds to the limited literature on primary enterolithiasis in patients without risk factors for it, it illustrates how stragely bowel contents can facilitate stone formation even in the absence of systemic or local disease [3].

In retrospect lot many questions were also asked how patient formed this hard stone? Was she psychiatrically unstable anytime or any chronic medications which can form such enterolith? On further enquiry, only history of regular occassional ayurvedic medicines for vague complaints. There was no history any chronic allopathic or ayurvedic medicines intake.

CONCLUSIONS

While working up elderly intestinal obstruction cases one must pay attention to cause of obstruction & if enteroliths are cause the CECT appearance of the enteroliths is important to note. The mottled soft enteroliths can be managed conservatively also sometimes, but these stony hard primary enteroliths need surgical managment. These are rare findings as a cause of intestinal obstruction, with conspicuous mecahnism of formation.

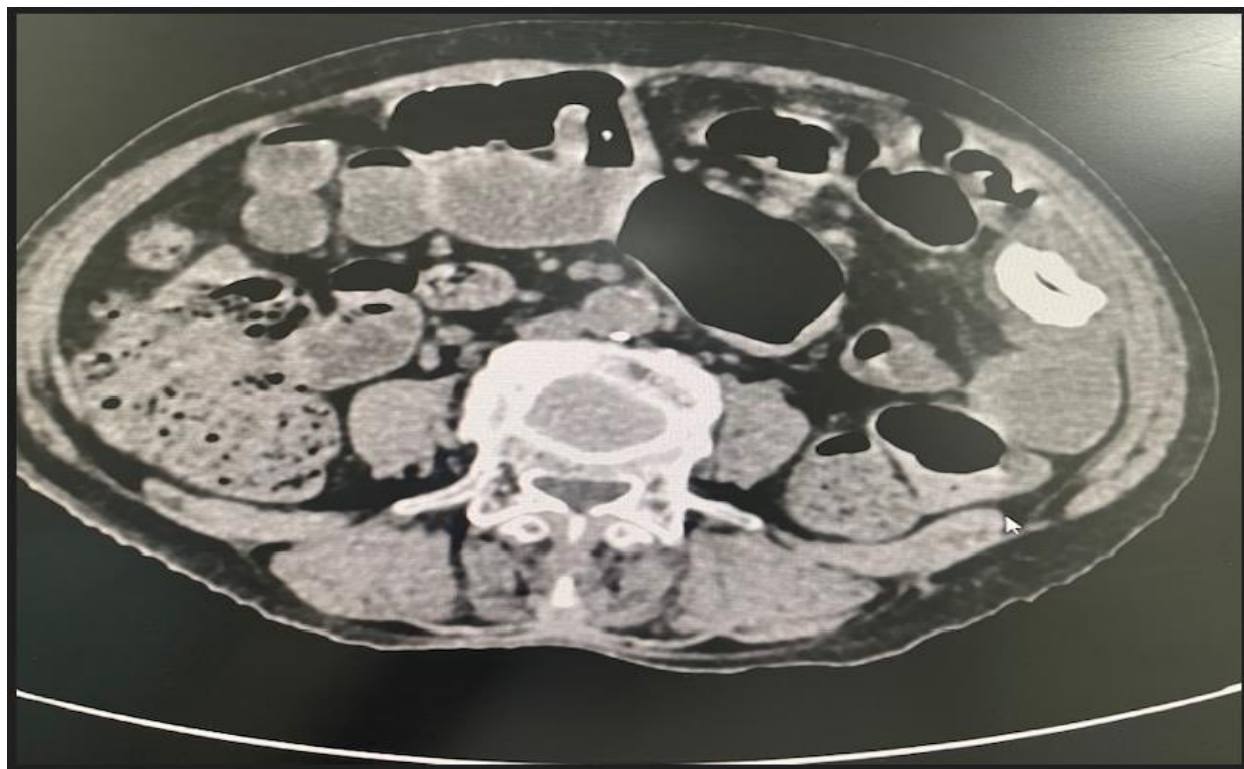


Figure 1: CECT abdomen showing small bowel obstruction with critically dilated ileum till mid ileum & presence of extremely hyper dense shadow suggestive of enterolith.



Figure 2: Enterotomy for stony hard enterolith being done after palpating it, Enterotomy is kept minimum & spillage of any bowel content is avoided in order to avoid infections.

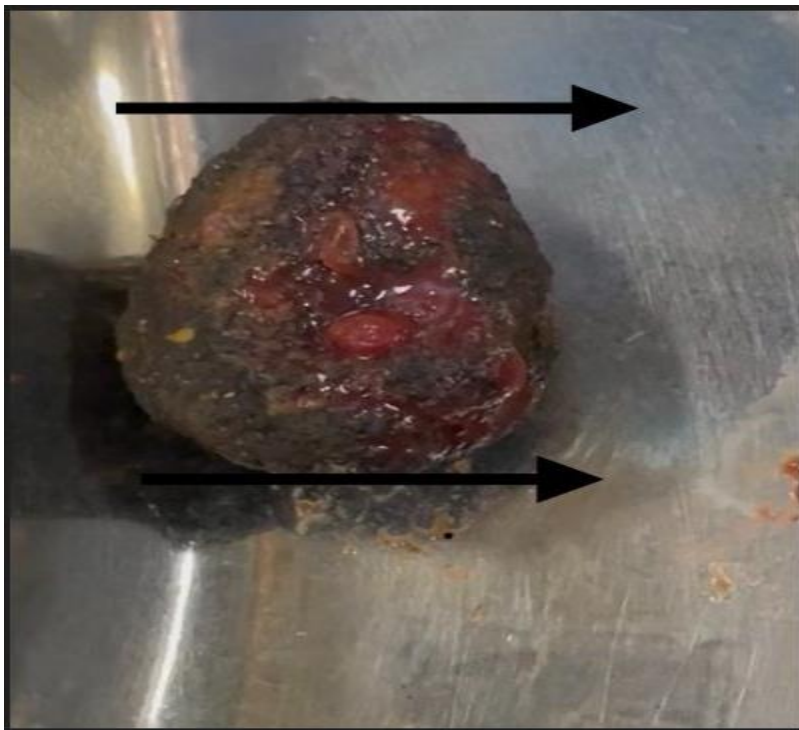


Figure 3: Stony hard enterolith of 3.6X3 cm size which made stone like sound on dropping in kidney tray, the surface is irregular and stony, mimicking a oxalate stone formed in renal pelvis .

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