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Bouveret Syndrome: A Rare Case Of Gastric Outlet Obstruction Caused By Cholecystoduodenal Fistula

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Background : Bouveret syndrome, a rare complication of chronic calculous cholecystitis, presents as gastric outlet obstruction caused by a cholecystoduodenal fistula. This case report highlights the successful surgical management and favorable short-term follow-up of an 89-year-old female patient with Bouveret syndrome.

Methods : An 89-year-old female patient presented to the emergency department with recurrent vomiting and general weakness. A computed tomography scan revealed a 2.5cm gallbladder stone causing a cholecystoduodenal fistula and subsequent gastric outlet obstruction. Due to the resulting metabolic alkalosis and severe acute kidney injury, the patient was transferred to the intensive care unit for close monitoring and management.

Results : Surgical intervention was performed, including duodenal opening, removal of the 3cm sized gallbladder stone, primary closure of the duodenum, and bypass gastrojejunostomy. A second surgical exploration was needed due to the leakage at the closure site. Following the procedures, the patient's condition stabilized, and she was discharged from the hospital. At the 6-month follow-up, the patient remained asymptomatic, without recurrence of gallstone formation or complications. Imaging studies confirmed the absence of residual gallstones or cholangitis. The patient exhibited a significant improvement in her general well-being, regained strength, and showed no signs of gastric outlet obstruction or related symptoms.

Conclusions : This case report highlights the efficacy of prompt surgical management in achieving favorable long-term outcomes for Bouveret syndrome, even in elderly patients. Despite the advanced age, proactive surgical intervention proved successful in improving the patient's quality of life and preventing recurrence or complications.

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