



Image of the month

Early diagnosis of cholecystoduodenal fistula: An opportunity for endoscopic therapy

Diagnóstico precoz de la fístula colecistoduodenal: una oportunidad de terapéutica endoscópica

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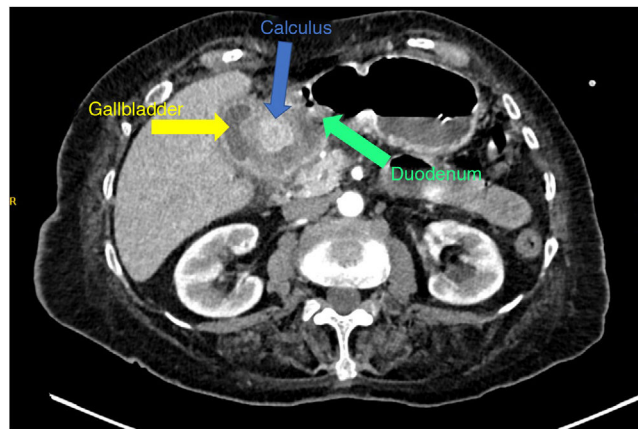


Fig. 1

A 96-year-old female patient was admitted for abdominal pain and vomiting. Computed tomography revealed cholecystoduodenal fistula with a calculus measuring >3 cm passing into the duodenum (Fig. 1). Given the rare location and comorbidities of the patient, we opted for endoscopic management, with sequential extraction of the gallstone. A transit study with diatrizoate verified the resolution of the obstruction, after which oral intake was reintroduced and the patient was discharged. Bouveret's syndrome is very uncommon, and it is exceptional to find a gallstone in transit through the cholecystoduodenal fistula. In this case, early diagnosis enabled us to use endoscopic management, thereby avoiding the morbidity and mortality of surgery.

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