3. Lee SG, Hwang S, Moon DB, *et al.* Expanded criteria of living donor transplantation for HCC at one large volume center. *Liver Transpl* 2008;14:935–45.
4. Zheng SS, Xu X, Wu J, *et al.* Liver transplantation for hepatocellular carcinoma: Hangzhou experiences. *Transplantation* 2008;85:1726–32.

IMAGE

Bouveret's syndrome

A 71-year-old man with no previous illness presented with 5 days history of bilious vomiting, mild upper abdominal pain and diarrhea. Clinical examination was unremarkable except for the presence of a right inguinal hernia. Chest and abdomen X-rays were normal, and USG showed a large gall stone with pneumobilia. Upper GI endoscopy showed a large stone eroding into the duodenum (Fig. 1) and causing obstruction. CT scan showed a dilated stomach, pneumobilia, and a large gallstone obstructing the duodenal lumen (Fig. 2). Diagnosis of Bouveret's syndrome was made. At surgery a partial cholecystectomy with retrieval of the stone followed by repair of fistula using remnant of gall bladder was done. Post-operative period was uneventful.

Bouveret's syndrome is a rare type of gallstone ileus, in which the stone is lodged in the small bowel.¹ In 85% of patients with bilio-enteric fistula, the fistula communicates with the duodenum and the stone will pass spontaneously without causing bowel obstruction, whereas in 15% of patients, clinical features of bowel obstruction develop. The gall stone most often obstructs the terminal ileum (90%); duodenal obstruction occurs in only 3% of cases.² CT scan shows pneumobilia, bowel obstruction and ectopic gall-

Fig. 1 A large gallstone impacted in duodenum on upper GI scopy

Fig. 2 CT scan showing gall stone eroding in to duodenum

stone. Typical findings on upper GI endoscopy include a dilated stomach and a hard non-fleshy mass at site of duodenal obstruction.

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References

1. Bourevet L. Stenose du pylore adherent a la vesicule. *Rev Med (Paris)* 1896;16:1–16.
2. Mallvaux P, Degolla R, De Saint-Hubert M, Farchakh E, Hauters P. Laparoscopic treatment of gastric outlet obstruction caused by gallstone (Bouveret's syndrome). *Surg Endosc* 2002;16:1108–9.