

INTRODUCTION

- Primary enterolithiasis or the formation of gastrointestinal concretions is an uncommon condition that occurs in 0.3-10% of people.
- Complications of enterolithiasis include bowel obstruction, intestinal gangrene, intussusceptions, intestinal hemorrhage and perforation. Enterolithiasis causes mortality in about 3% of cases.
- We describe a case of chronic partial bowel obstruction secondary to a large primary enterolith.

CASE REPORT

- **HPI:** A 71-year-old woman with history of endometrial cancer s/p chemoradiation 10 years ago presented for chronic and recurrent abdominal pain.
- Suspected as biliary colic but cholecystectomy did not provide any relief.
- **Imaging:** CT enterography coronal (Figure 1A) and axial (Figure 1B) images demonstrated a large lamellated mass in the mid small bowel and dilated loops of small bowel upstream of the mass.
- **Diagnosis:** Primary enterolithiasis proximal to a radiation induced stricture, causing chronic recurrent partial small bowel obstruction.

MANAGEMENT

- Elective robotic-assisted small bowel resection with the retrieval of a brown, green enterolith measuring 5.5x3.8x3.5 cm.

CT ENTEROGRAPHY (CORONAL)



Large lamellated intraluminal mass in the mid small bowel and dilated loops of small bowel upstream of the mass.

CT ENTEROGRAPHY (AXIAL)



Large lamellated intraluminal mass in the mid small bowel and dilated loops of small bowel upstream of the mass.

DISCUSSION AND CONCLUSION

- Primary enterolithiasis should be considered as a rare etiology of chronic abdominal pain and bowel obstruction in patients with pre-disposing factors that promote intestinal stasis.
- It is promoted by factors that cause intestinal stasis such as bowel kinking with intra-abdominal adhesion, blind intestinal loop/pouch, intestinal stenosis/strictures due to Crohn's disease, radiation enteritis and intestinal tumor.
- Treatment depends on the timely recognition of this entity and endoscopic or surgical management. With the technological advances, better patient outcomes as well mortality rates are expected.

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