

## 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.

## REFERENCES

1. Seretis C, Archer L, Elhassan MA, Gurung D, Palit A, Zayyan K. Small bowel obstruction secondary to primary enterolith: A rare and delayed complication of radiation enteritis. *Clin Case Reports*. 2021;9(3). doi:10.1002/ccr3.3700
2. Singh MP, Huda T, Singh KV. A Primary Jejunal Enterolith Presenting as Small Bowel Obstruction. *Indian J Surg*. 2018;80(3). doi:10.1007/s12262-018-1753-0
3. Gurvits GE, Lan G. Enterolithiasis. *World J Gastroenterol*. 2014;20(47):17819-17829. doi:10.3748/wjg.v20.i47.17819
4. Khetarpal A, Khetarpal A. Bowel ischemia and gangrene—primary true enterolith. *Int J Surg Case Rep*. 2021;80. doi:10.1016/j.ijscr.2021.01.056
5. Ishioka M, Jin M, Matsuhashi T, et al. True primary enterolith treated by balloon-assisted enteroscopy. *Intern Med*. 2015;54(19). doi:10.2169/internalmedicine.54.5208