Re: Gallstone Ileus

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Dear Sirs,

We have read with interest the article concerning gallstone ileus in the recent issue of *Digestive Surgery* [1]. We appreciate all items of this presentation. Nevertheless, the authors recommended the one-stage procedure including enterolithotomy, cholecystectomy and closure of the fistula as a treatment of choice. This is really a matter in controversy and we would like to make a slightly different recommendation. Based on our experience (23

consecutive patients in a period of 16 years), as published recently in *European Surgery* [2], enterolithotomy alone seems to be the method of choice at the time of acute surgery. Further biliary symptoms after enterolithotomy are rare. Subsequent cholecystectomy should only cautiously be considered in patients in a good general condition with persistent biliary symptoms and proven cholecystolithiasis.

References

- 1 Nijhof HW, Bronkhorst MWGA: Gallstone Ileus. *Dig Surg* 2006;23:215–216.
- 2 Šimša J, Leffler J, Charvát D, Grabec P, Hoch J: Gallstone ileus – rare disease and still many discrepancies. *Eur Surg* 2006;38:307–311.

Correspondence

I have read the article by Šimša et al. [1] on gallstone ileus in the recent issue of *European Surgery* [1] and I would like to thank them for this excellent overview and for expressing a clear opinion on this delicate topic. I think their recommendation of a restrictive use of cholecystectomy in

these patients (especially in the course of emergency operations at night and on weekends) is well justified and this is in agreement with the experience we have made as well.

Herwig Cerwenka

Reference

- 1 Šimša J, Leffler J, Charvát D, Grabec P, Hoch J: Gallstone ileus – rare disease and still many discrepancies. *Eur Surg* 2006;38:307–311.