



REVIEWER'S REPORT

Manuscript No.: IJAR-56363

Title: Gallstone ileus 46 years post-cholecystectomy due to duodenal diverticulum

Recommendation:

- Accept as it is
- Accept after minor revision.....**
- Accept after major revision
- Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		Good		
Techn. Quality		Good		
Clarity	Excellent			
Significance	Excellent			

Detailed Reviewer's Report

1. Gallstone ileus is a rare, life-threatening form of mechanical small bowel obstruction caused when a large gallstone erodes through the gallbladder wall, forming a cholecystoenteric fistula, and becomes trapped in the intestine, usually the ileum. It predominantly affects elderly patients, often women, with high mortality rates. Common symptoms include abdominal pain, vomiting, and constipation. Treatment is primarily emergency surgery, typically involving enterolithotomy to remove the stone.
2. The classic radiologic sign of gallstone ileus is the Rigler triad (also called Rigler sign): pneumobilia, intestinal obstruction and an ectopic gallstone. Plain abdominal radiography can be valuable in the initial workup of a suspected small-bowel obstruction.
3. Post-cholecystectomy syndrome (PCS) refers to the persistence or new onset of symptoms—such as right upper quadrant pain, indigestion, nausea, gas, or diarrhea—occurring in roughly 10%–40% of patients after gallbladder removal. Symptoms can emerge immediately or months later, often caused by bile acid imbalances, sphincter of Oddi dysfunction, or retained bile duct stones.
4. Post-cholecystectomy complications range from common, temporary issues like diarrhea and bloating (Post-Cholecystectomy Syndrome)

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to serious, rare problems such as bile duct injury, bile leaks, and retained gallstones, which can cause persistent pain, infection, or jaundice, often requiring further intervention. While most patients recover well, monitoring for fever, severe pain, jaundice, or wound issues is crucial, as these signal potential complications like infection, clots, or bile duct problems.

5. A small bowel obstruction (SBO) is a partial or complete blockage of the small intestine that prevents food, fluids, and gas from passing through, often causing severe abdominal pain, vomiting, and bloating. It is a medical emergency primarily caused by surgical adhesions, hernias, or tumors. Diagnosis is typically made using CT scans, and treatment ranges from conservative bowel rest to surgical intervention.
6. SBO presents with hallmark symptoms of abdominal pain, vomiting, distension, and obstipation. The pathophysiology includes bowel distension, impaired venous return, mucosal ischemia, bacterial translocation, and, in severe cases, necrosis, perforation, and peritonitis.
7. A duodenal diverticulum is a common, usually asymptomatic pouch (outpouching) in the wall of the duodenum, most often found near the pancreas (periampullary) in people over 40. While >90% are harmless, symptoms like abdominal pain, nausea, or vomiting occur if they develop complications such as inflammation (diverticulitis), bleeding, or obstruction.
8. Duodenal diverticulum perforation is a serious complication with a mortality rate up to 30%. Clinical presentation is highly variable. Imaging features of perforation are similar to perforation elsewhere in the bowel with extraluminal gas and extraluminal fluid or contrast identified.
9. Key words are given excellent.
10. Pictures are good but should be given tables for results.
11. Summary points should be added.
12. References should be in alphabetical order.
13. After those changes good to publish in your journal.