



TRICHOBEZOAR IN 10 YEARS OLD FEMALE :A CASE REPORT AND REVIEW OF LITERATURE

Dr. Shivangi Dangi

Dr. Nina M. Shah

HOU.

Dr. Hiral C. Chauhan

ABSTRACT

Case report of a trichobezoar occurring in the stomach of a 10 years old female known to suffer from trichotillomania. 90% of trichobezoars occur in adolescent females and the occurrence in males is rarely documented.

The clinical presentation and complications of trichobezoars are discussed. Differential diagnosis of epigastric masses in children and the investigations utilized to diagnose these intragastric hairball are discussed.

KEYWORDS :

INTRODUCTION:

Infants and children, particularly if mentally disturbed or abnormal, may acquire habit of swallowing foreign material which if it persists may lead to the formation of a bezoar in the GI tract. This foreign material may be vegetable or any other substance. If it contains hair it is known as a trichobezoar.

Trichobezoars make up 55% of all bezoars, 90% occur in adolescent females, probably as a consequence of their long hair, though they may occur in both sexes.

CASE PRESENTATION

A healthy 10 years old female child came to CHA with complain of upper abdominal pain and vomiting since 1 month. The patient had noted a lump in epigastric region during last 15 days. Detailed history taking revealed a 3 years history of scalp hair pulling.

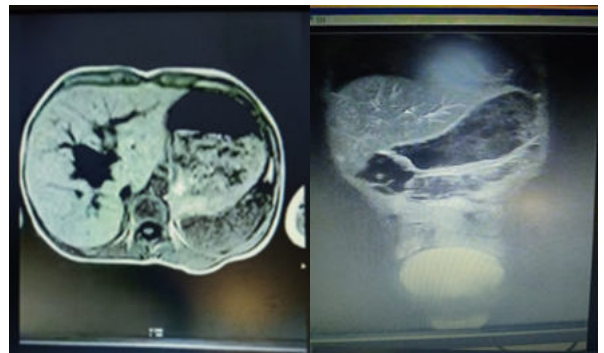
On examination the child was well built with no sign of malnutrition was apparent and there was slight alopecia. Abdominal examination revealed a rock hard, mild tender mass in epigastrium.

Blood investigations including a full blood count, urea and electrolyte were normal. And midstream specimen of urine was within normal limit. Abdominal x-ray revealed general contour of a distended stomach.

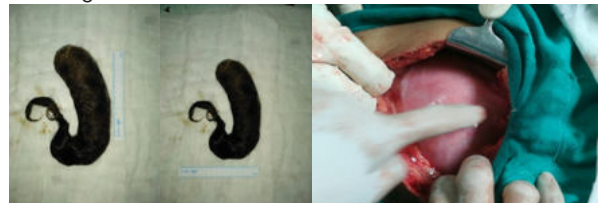


USG abdo pelvis suggestive of the stomach appears over distended and content and gas filled with thickened wall, wall thickness measures approx. 7-8 mm.

CECT A+P suggestive of stomach appears over distended and shows heterogeneous density material with multiple air foci within extending from fundus of stomach to pylorus to first part of duodenum. Wall of stomach shows homogeneous enhancing wall thickening, average wall thickness measures 7-8 mm. Findings s/p/o TRICHOBEZOAR.



At laparotomy, a large 18x10 cm J shaped foul smelling hard trichobezoar black in color was retrieved via a longitudinal anterior gastrotomy. The trichobezoar was found to contain human hair. The patient made a good post operative recovery. There were no complications after the surgery and child was discharged.



DISCUSSION

1 in 2000 children worldwide suffer from Trichotillomania. Trichophagia is seldom seen and bezoars are not formed in all children with trichophagia. When trichophagia does occur it is not necessarily the result of severe neuropsychiatric problems but may be due to emotional stress or a personality disorder.

Trichobezoars are usually symptomless until they reach a large size. They may present with malaise, abdominal pain with associated vomiting and weight loss. 88% of large bezoars are often palpable. Trichobezoar of weighting 2500 grams have been reported.

They may cause a number of complications including gastritis causing occult blood loss and secondary anaemia, ulceration in 10% of cases, 30% of which perforate. Obstruction, haemorrhage and intussusception have all been recorded.

The differential diagnosis of a patient presenting with an epigastric mass includes a left liver lobe tumour, splenic enlargement due to lymphoma (e.g. Burkitt's non-Hodgkin's Lymphoma), a neuroblastoma and a rare carcinoma of the stomach.

Formation of trichobezoars has been hypothesised to occur initially when the hair strands are retained in folds of gastric mucosa because their slippery surface prevents propulsion by peristalsis. As more hair is added urge to leave the stomach, causing gastric atony due to its large size. This large quantity of hair becomes matted together to assume the shape of the stomach, usually as a single mass. Mucus covering the bezoar gives it a glistening shiny surface. Decomposition and fermentation of fats in the interstices gives it a putrid smell.

The acidic contents of the stomach denature the hair protein giving it its black colour irrespective of the original colour of the hair. In 5% of cases there may be more than one hairball and at times the hair ball may extend down to the caecum causing the rare condition called Rapunzel syndrome.

Surgical removal at laparotomy or laproscopically is the treatment of choice. If small they may be removed endoscopically. Biopsy devices, water jets and bezotomes as well as laser devices may be used to fragment larger bezoars after which the fragments are lavaged out of the stomach.

Untreated bezoars have a mortality of 75% and there is a 4% mortality. As trichobezoars are associated with mental retardation and psychiatric and psychological disorders expert help is essential and recurrence is likely if the habit is not abandoned.