



## A Case Report of Giant Sizegastric Trichobezoar

### KEYWORDS

Trichobezoar, Trichophytobezoar, Epigastric, Laparotomy

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### ABSTRACT

*Trichobezoar is a rare condition which poses a diagnostic challenge. Patients with this condition often have an underlying psychiatric illness, and history may not be easily forthcoming. The condition is usually found in young females. Delay in its diagnosis leads to serious complications, which may be fatal. Here is a classic case of huge size trichobezoar in term of patient profile, presentation, and investigative findings*

### Introduction

A bezoar is a mass of undigested material within the gastrointestinal tract. The term bezoar derives from the Arabic word Badzehr, which means antidote. In ancient time (12th to 18th century) Physicians used Bezoars as antidot against plague, snake-bite, leprosy, and epilepsy. A trichobezoar means a mass of undigested hair(trich) within the gastrointestinal tract. Trichobezoar are associated with trichophagia- an eating disorder (Pica) for non nutritive substances for satiety of appetite and often associated with mental alteration – and coexistent psychiatric disturbances. De-bakey and Oscher (1935) described that this condition, is more common in women, especially adolescent girls (90%).

The source of hair (trichotillomania) is most commonly from the scalp, but can be from the eyelashes, eyebrows, and pubic area. The insidious development of the trichophytobezoar accounts for the delayed presentation and large size at the time of diagnosis.

### Case presentation

A 26-year-old female was referred to us from a remote PHC with a problem of nonspecific upper abdominal pain of approximately 3 -4years duration with dyspeptic symptoms eg. early satiety, vomiting, insidious weight loss and an epigastric mass. Her pulse was 80/min, blood pressure 107/62 mmHg, and temperature 37°C and thin built. Other general examinations were within normal limit. There was no evidence of alopecia. Abdominal examination revealed a well defined, smooth and firm mass, of 16 x 12cm, occupying the epigastrium and almost both hypochondria. The mass was non resonant and moved freely with breathing. Her WBC count was 5700/cu mm, Hb 10.9g/dl, Hct 35%, platelet count 320000/μL, Na 130mEq/L, K 2.8mEq/L, serum proteins 6g/dl, serum albumin 3.5g/dL, fasting blood sugar 97mg/dl, PPBS 112mg/dl, SGPT 19.6 Units/ml, serum lipase 247U/l, blood urea 24.3mg/dl and serum creatinine 0.76mg/dl. Plain X-ray chest was normal. Abdominal USG demonstrated Epigastric hyperechoic mass, with a prominent posterior acoustic shadow anterior and left to pancreas. Computed tomography (CT) showed a mass with very well defined outline, filling the stomach. Upper GI Endoscopy revealed nor-

mal esophagus, and a large foreign body(hair ball) filling entire gastric lumen. The patient underwent laparotomy through upper midline incision and stomach was palpated which was completely filled with empty duodenum. Anterior gastrotomy done. A giant trichobezoar weighing 1.5 kg (18 x 12 cm) was removed. The stomach was closed in two layers and a Ryle's tube was inserted. The patient was kept on IV fluid plus antibiotic and nothing per oral till bowel moved (3<sup>rd</sup> day). The post-operative recovery was uneventful. The patient was referred to psychiatry department for further evaluation, counseling and management.

### Discussion

Trichobezoars commonly occur in adolescent females, often with an underlying psychiatric or social problem. Clinical presentation of these patients may be confusing as often they are not forthcoming with a history of trichophagia either due to embarrassment or the unintentional nature of the problem. Although, this is a rare condition, numerous case reports and series have been reported as high mortality may follow complications associated with this condition.

The first case of trichobezoar was reported in 1779 by Baudamant. The stomach is the most common location, bezoars have also been found in the duodenum, jejunum, ileum, colon, appendix and Meckel's diverticulum. Extension of the bezoar from the stomach into the jejunum or further on is referred to as "Rapunzel syndrome," first described by Vaughan Jr. et al. in 1968. Rapunzel was a long haired girl in a German fairy tale by Grimm brothers. The cause, why hair is collected in the stomach is not fully understood. DeBakey and Ochsner suggested that hair entrapment in the gastric folds is the initiating event. Due to its indigestibility, resiliency and slippery nature, it becomes entrapped within the mucosal folds where it gets enmeshed, and acquires more hairs and thus a larger size.

### CONCLUSION

Trichobezoars should be considered as a differential diagnosis in a young female patient with a mobile epigastric mass. Diagnosis can be easily made with the use of CT scan and endoscopy. Management almost always requires surgical removal. It is emphasized that the majority of

these patients have an underlying psychiatric or social disorder. A multidisciplinary approach is essential to prevent recurrence of the problem.

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