A Case Report of Giant Sizegastric Trichobezoar

KEYWORDS
Trichobezoar, Trichophytobezoar, Epigastric, Laparotomy

Dr. Chandra Mauli Upadhyay
Assistant Professor, Department of Surgery Jawaharlal Nehru Medical College, Aryabhatt Knowledge University, Bhagalpur, Bihar

Dr. Prof. Upendra Nath
Professor and Head, Department of Surgery Jawaharlal Nehru Medical College, Aryabhatt Knowledge University, Bhagalpur, Bihar

Dr. Kumar Akash
Final year Postgraduate, Department of Surgery, Jawaharlal Nehru Medical College, Bhagalpur, Bihar

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 symptoms eg. early satiety, vomiting, insidious weight loss 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 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.