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RECURRENT CASE OF TRICHOBEZOAR WITH TRICHOTILLOMANIA AND TRICHOPHAGIA: REVISITED: CASE REPORT

Radiodiagnosis

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ABSTRACT

The Bezoars are collections of undigested material that is collected in Gastric lumen which may Extend into small intestine.
Trichobezoars are aggregations of concretions of hairs which are found in stomach of female children and young females affected with some kind of Psychiatric disorders, presented as huge lump in abdomen with history of trichotillomania followed by trichophagia.
Our patient reoperated and managed by anterior gastrotomy with removal of mass formed by hair tufts,thick mucus and food residuals ,assuming" J "shape of stomach. Post-Operative history is uneventful with complete recovery and discharged in normal state and advised regular follow up in psychiatric department.

KEYWORDS

Trichophagia, Trichotillomania, Trichobezoars

INTRODUCTION:
The Bezoars are categorized into 4 types—Phytobezoar(Vegetable fibers), Lactobezoar (Milk /curd),trichobezoars (Hair Tufts), and Micellaneous .(12,15)

The term Trichobezoar was first used by Baudomant in 1779,consisting of a giant mass of hairs occupying gastric cavity to a various extent and is derived from Arabic word for antidote –"bazahr or badzehr"because stones obtained from the stomach or intestines of animals were thought to have medicinal properties .(10,15)

They usually found in the stomach and other parts of the intestine (3, 13).The most frequent type of bezoar in adults is phytobezoar while trichobezoars are frequently found in children and young females (2, 4).When the trichobezoar isseen extending from stomach to various length of small intestine is called "Rapunzel syndrome"for its resemblance as a tail.,first described by Vaughan et al (1,3,6,7,&8).

Trichobezoars present with signs and symptoms of acute abdomen and gastric outlet obstruction which include pain in abdomen ,nausea , vomiting on food intake,anorexia , weakness ,weight loss ,abdominal lump depending on the degree of obstruction (13,15,3,5,).

The diagnosis of Trichobezoars is now a days totally depends upon the radiological imaging investigations the role of erect X-ray chest, and ultrasound abdomen is limited.

The investigation of choice is contrast enhanced C.T.Scan Abdomen which reveals a characteristic Trichobezoar image in gastric lumen which may or may not extend into small intestine.Further confirmation of diagnosis can be done by upper G.I.T. endoscopy ( ).

The only permanent remedy for trichobezoar and Rapunzel syndrome is by surgical intervention with or without assistance of laparoscope, without which mortality rates may be high. (3, 5, 8).

CASE REPORT:
A 25 years old married woman presented to surgery out door patient department, with history of loss of appetite , reducing weight with nausea and vomiting on food intake since last 3 months .

Her physical examination demonstrates a large hard lump extending from left hypochondrium upto hypogastrium .mild tenderness is appreciated on palpation. The patient look was suggestive of having psychiatric problem and appears anaemic also.

The detailed history by patient's husband and scar mark on her abdomen confirmed that she had already been operated for Trichobezoar in past (three years back).The Ultrasound Abdomen demonstrates an echogenic highly reflective thick curvilinear structure not allowing in depth evaluation.

On Whole Abdominal Computerised Tomography examination, there was a huge distension of stomach, filled with a heterogenous density mass occupying whole gastric lumen, suggestive Giant Gastric bezoars.An upper G.I.T. Endoscope was eventually performed further confirming the presence of a giant Gastric Trichobezoar in lumen of stomach.

Personal History:
Patient belongs to a low income family, with low I.Q, poor socio-economic status married with a 3 years female child, uneducated from rural community.Three months after her first child born, a first bezoar was diagnosed and removed surgically.During psychiatric checkup, the patient always denied history of pulling her hair followed by eating. An informed consent was taken from patient and her relatives, along with psychiatric consultation for evaluation of any depression /obsessive compulsive disorder.A giant trichobezoar was removed by upper midline exploratory laparotomy with anterior gastrotomy.

After correction of anemia and restoration of her health status. The Gastric mucosa was explored for any ulceration or polyp. Patient recovered well and discharged from hospital in a satisfactory.

She was advised to consult psychiatrist for fortnightly follow up so as to avoid any further recurrence.

DISCUSSION:
As per Psychiatric literature, Tricophagia was described a century before trichotillomania, while a case series of trichobezoars remains larger than most case series trichotillomania patients ( ).

The Trichobezoars are usually associated with underlying psychiatric disorders such as depression, Obsessive compulsive disorder, body dysmorphic disorder and particularly trichotillomania. ( ).

Depending upon the case series, 5 to30% of patients with trichotillomania engage in Trichophagia, while 1 to 37.5% of these will develop a Trichobezoar. ( ).

Our patient is a recurrent case of Trichobezoar with past history of operation three years back.

To the author's knowledge, only six similar cases have been reported.

The cause of recurrence may be related to obsessive compulsive disorder / some sort of psychiatric problem and irregular follow up. Usually the patients abandon the psychiatric treatment due to shame or guilt after a short period of time.

To prevent Recurrence, there is an urgent need of early detection of trichophagia and trichobezoar, So as to avoid this life threatening condition with the help of psychiatrists.

The Diagnostic modalities are playing a major role in detection and includes ultrasound Abdomen, C.T. Scan Abdomen and Upper G.I .T.Endoscopy.

The ideal treatment option is exploratory laparotomy followed by Gastrotomy was 95% successful and thus accepted as management of Choice. (4)

Though Trichobezoar is a rare entity, role of modern diagnostic imaging modalities like C.T.Scan Abdomen, and Upper G.I.T.Endoscopy for early diagnosis, frequent consultation with psychiatrist and regular follow up are essential in order to prevent recurrence and to avoid complications like gastric ulcer, perforation, and intestinal obstruction

Source of Support –None
Conflict of Interest ---Author declare no conflict of interest.

Image-1

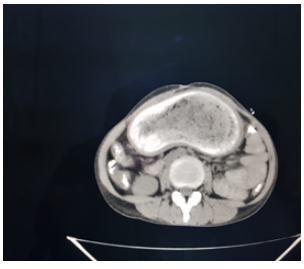
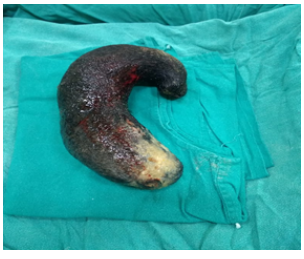


Image-2



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