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A CASE REPORT ON RARE CASE OF GASTRIC TRICHOBEZOAR

General Surgery

Dr. Jatin Kapadiya* Department of General Surgery, Pandit Deendhayalu Upadhyaya Medical College, Rajkot. *Corresponding Author

Dr. Iliyas Juneja Department of General Surgery, Pandit Deendhayalu Upadhyaya Medical College, Rajkot

ABSTRACT

Incident of trichobezoars are rare and mainly seen in psychiatric female patient. Bezoars are collection of non-digestive matter that usually accumulates in stomach and can extend to small bowel. Here we present the case of gastric trichobezoar in 25 year young female managed by laproscopic gastrotomy with removal of trichobezor.

KEYWORDS

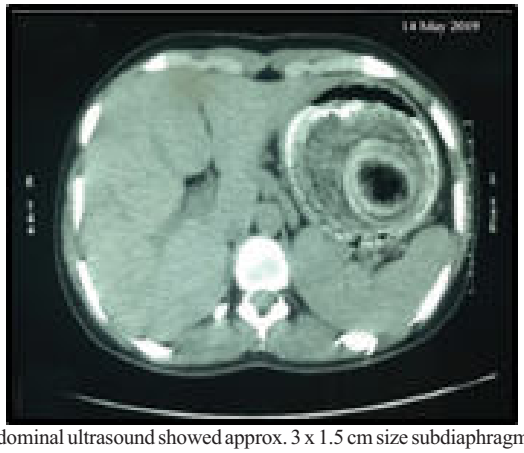
Trichobezoar, gastrotomy

INTRODUCTION

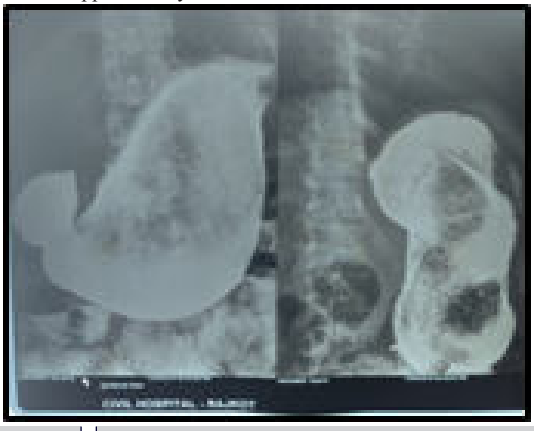
Bezoars are collection of non-digestive matter that usually accumulates in stomach and can extend to small bowel. Trichobezoars (hair) are unusual and are usually found in young psychiatric female, who often deny eating their own hair. We are presenting a case of gastric trichobazoar in 25 years young female with history of trichophagia .patient was managed by laproscopic gastrotomy with removal of trichobezor.

CASE REPORT

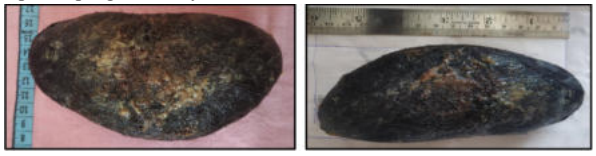
A 25 year old married female patient presented with chief complaints of pain in abdomen for two month. On general examination , patient was thin built well looking female with normal basal parameters. Abdominal examination revealed no any palpable lump.



Abdominal ultrasound showed approx. 3 x 1.5 cm size subdiaphragmatic collection. Contrast Enhanced Computed tomography (CECT) showed grossly distended stomach with well defined intraluminal non enhancing lesion of size 115 x 71 x 56 mm noted in stomach. The lesion is partially calcified peripherally with central low density areas. Possibility of trichobezor appease likely.



Confirmed by the investigations, we enquired further, to which she admitted about habit of hair eating for last one year. For our clinical interest we also asked for Barium swallow which shows filling defect noted within stomach possibilities of bezoars. Based on the above findings we decided to perform surgery for the trichobezoar. Hospital psychiatrist was consulted for evaluation of any associated psychiatric illness and counselling/treatment. An informed consent was taken from the patient and her husband. Trichobezoar was removed by leproscopic gestrotomy with removal of trichobezoar.



A giant trichobezoar was removed through an anterior gastrotomy along with its tail (Rapunzel syndrome). Gastric mucosa inspected but there was no sign of any complication (ulceration, haemorrhage etc.). The size measured 15 x 7 x 5 cm. Postoperatively patient recovered well, allowed orally on 4th post-op day, skin stitches removed on 10th post-op day and patient discharged from hospital in satisfactory condition. She was discharged with advice for psychiatric follow-up to avoid recurrence.

DISCUSSION

Bezoars are collections of non-digestible matter that usually accumulates in stomach and can extend to small bowel. Different types of bezoars are Phytobezoar (vegetable origin), Trichobezoar (composed mainly of hair), Lactobezoar (concentrated milk formula), Pharmacobezoar (mixed medicine bezoars), and food bolus bezoars. Trichobezoars (concretions of hair) are unusual and are usually found in young psychiatric females, who often deny eating their own hair (trichophagy). It is caused by the pathological ingestion of hair, which remains undigested in the stomach [1]. Human hair is resistant to digestion and peristaltic movement because of its smoothness. Continuous ingestion of hair, over a period of time, can lead to their impaction along with mucus and food material into the stomach. In some cases, however, the trichobezoar extends through the pylorus into jejunum, ileum or even colon. This condition, called Rapunzel syndrome, was first described by Vaughan *et al.*, in 1968 [2]. Bezoars may present with abdominal pain, nausea/vomiting, early satiety, weight loss, intestinal obstruction, ulceration leading to bleeding and/or perforation. Rarely intussusception can also happen [3]. Our patient presented with progressive loss of appetite and upper abdominal pain. An upper abdominal mass remains the commonest presenting sign [4]. Diagnostic modalities include US, CT scan and upper endoscopy. CT scan has a high accuracy rate, but the accuracy of US in such cases is not so high [5]. The diagnosis is made easily at endoscopy or, indeed, from a plain radiograph [1]. We also diagnosed and confirmed our case with US, CT and plain radiograph. Although a psychiatric trouble is usually present, this is not always the case as the syndrome may affect healthy women [6,7]. Trichobezoar should be considered as a differential diagnosis in young females who present with either history of ingestion of hair or complain of epigastric pain, weight loss and epigastric mass. Management options include

endoscopic removal, laparoscopic removal, or via laparotomy. Gorter *et al.*, in a retrospective review of 108 cases of trichobezoar, evaluated the variable treatments tried in these cases; it was noted that whereas 5% of attempted endoscopic removals were successful (small trichobezoars may respond to endoscopic fragmentation and vigorous lavage), 75% of attempted laparoscopic surgical extractions were successful. Medical treatment as enzyme therapy with papain, cellulase, or acetylcysteine may be tried but usually ineffective [7,8]. So, non-operative treatments are discouraged because of high failure rate.

CONCLUSION

Although rare, trichobezoars, should not be forgotten as a differential diagnosis in young females presenting with vague upper abdominal complaints and an epigastric lump. Complications are not infrequent, a diagnosis of trichobezoar and its treatment well in time will prevent these complications. Also, recurrences are known. A psychiatric evaluation, counselling and treatment are helpful in preventing these recurrences.

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