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GIANT GASTRIC TRICHOBEZOAR – A RARE ENTITY

General Surgery

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ABSTRACT

Trichobezoars are accumulation of hair in stomach extending upto the intestine usually associated with trichotillomania and trichophagia .The typical presentation is seen in a young female with mass over the abdomen with loss of appetite and intermittent gastric outlet obstruction . In only 5 % patients there is a separate mass in stomach . Patient usually presents with abdominal pain , mass over the abdomen ,vomiting , loose stools and alopecia . Complications usually include ulcers , perforation of the bowel, obstruction and some times intussusception . USG might suggest about the diagnosis . Confirmatory diagnosis can be established by CT scan or barium follow through . Depending on the size of trichobezoar , if it is small it can be removed endoscopically , large trichobezoars are removed through surgery .

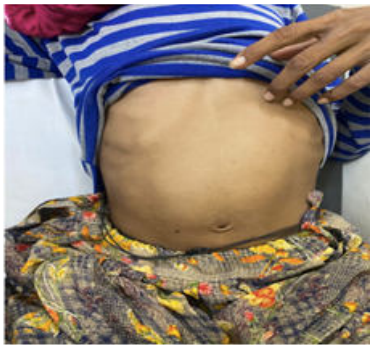
KEYWORDS

INTRODUCTION

A bezoar is a ball of swallowed foreign material (usually hair or fiber), which collects in the stomach and fails to pass through the intestine. Bezoars usually occurs because of multiple factors like ingestion of indigestible material[1].[2]The classification of bezoars depends on their composition: trichobezoar includes hair; phytobezoar, vegetable matter such as skin, seeds, and fiber; lactobezoar, undigested milk curd; and lithobezoar, mud and stones.[3]Trichobezoar is a ball of hair in the proximal gastrointestinal tract , it is a rare condition seen in young females age between 15-25 years . Human hair is resistant to digestion as well as peristalsis due to its smooth surface ,it accumulates in the mucosal folds(4-6) . They usually cause gastric outlet obstruction . It usually occurs in females with psychiatric disorders like trichotillomania , trichophagia . Due to continue ingestion of hair .the risk of complications increases such as gastric mucosal erosion ,ulceration and even perforation of stomach or the small intestine , intussusception,obstructive jaundice , proetin losing enteropathy , pancreatitis .

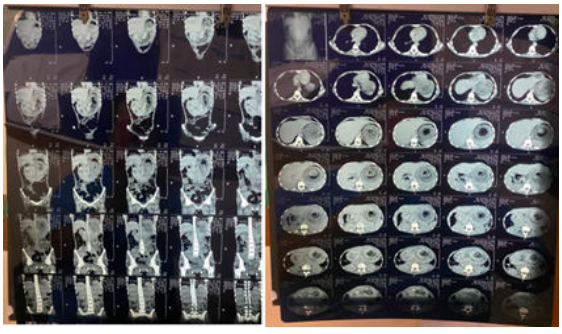
CASE REPORT

A 25 year old female presented to our opd with complaints of abdominal fullness ,lump abdomen , loss of appetite and loss off weight since past 3 months . The parents and the patient herself gave history of trichotillomania and trichophagia from a long time . There was history of intermittent obstipation from past 3 months . Patient had no co morbid conditions . On clinical examination she had a well defined mass over the abdomen.No tenderness and rebound tenderness was noted



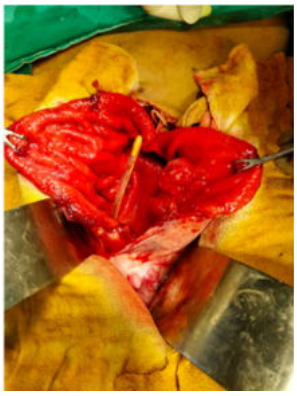
Lump In The Epigastric Region

Routine blood investigations were normal but ultrasonography suggested bowel wall thickening. CECT W/A was done which suggested over distended stomach with presence of large heterogenous density lesion with multiple air foci and multiple hyper dense foci noted in the lumen of stomach , trichobezoar.



Ct Scan Showing Trichobezoar In Stomach

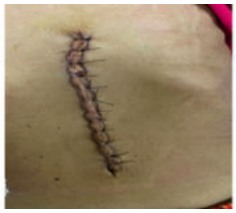
The patient was well prepared preoperatively with proper hydration . Gastrostomy was done through laprotomy approach with a midline incision and mass of hair weighing 1.2 kgs was removed in-toto from the stomach a thorough wash was given . The gastrostomy wound was closed in layers .



Gastrostomy

Mass Of Hair Removed In Toto

Patient tolerated soft diet from pod 5 and patient was discharged under satisfactory condition with regular follow up and proper psychiatry counselling and medications.



Post Operative

DISCUSSION

The incidence of trichophagia is up to 18% of the patients with trichotillomania; one-third of the patients with trichophagia develop trichobezoars.(7) Trichobezoars usually occupy huge part of the stomach as hair ingested is not digested due to its smooth surface and decreased response to peristalsis .They may enlarge and cause intermittent gastric outlet obstruction .The risk of complications increases as the trichobezoar grows in size such as gastritis , ulcers , pancreatitis , protein losing enteropathy , perforation of stomach (4-5).clinical examination usually presents with lump in abdomen . Once the gastric bezoar extends into the doudenum or small intestine it is knowm as rapunzels syndrome. Upper GI endoscopy not only constitutes the gold stand- ard in the analysis of trichobezoar but also enables thera- peutic intervention. However, a CT scan of the abdomen can disclose the presence of trichobezoar. The diagnostic accuracy of CT is reported to be 73% to 95%.[8] CT scan shows a well defined intraluminal ovoid heterogenous mass with interspersed gas the treatment involves gastrostomy through laprotomy approach . Regular follow up and psychiatric counselling and medication are must.

CONCLUSION

Trichobezoar is a rare condition and often associated with psychiatric illness. ct scan is the definative diagnostic tool for diagnosis of this rare entity. The definative line of management is surgery. exploratory laparotomy is done. A multidisciplinary approach is essential to prevent recurrence of the disease with proper and regular follow ups and counselling.

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