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TRICHOBEZORS: A RARE CASE PRESENTATION

General Surgery

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ABSTRACT

Trichobezors are unusual and are virtually exclusively found in young psychiatric patients.It is caused by ingestion of hair,which remains undigested in the stomach.The hair ball can lead to ulceration and gastrointestinal bleeding,obstruction and perforation.The diagnosis is made either by CECT whole abdomen and endoscopy.Treatment requires surgical removal of bezoars.

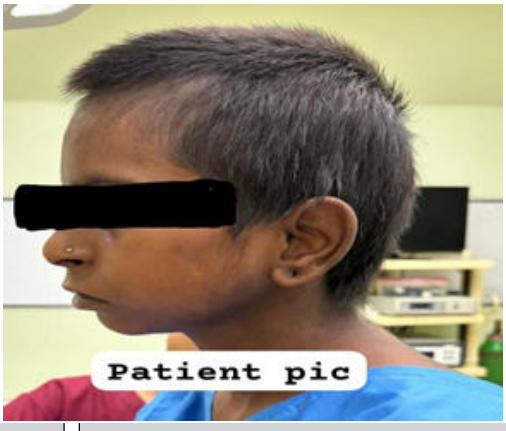
KEYWORDS

INTRODUCTION

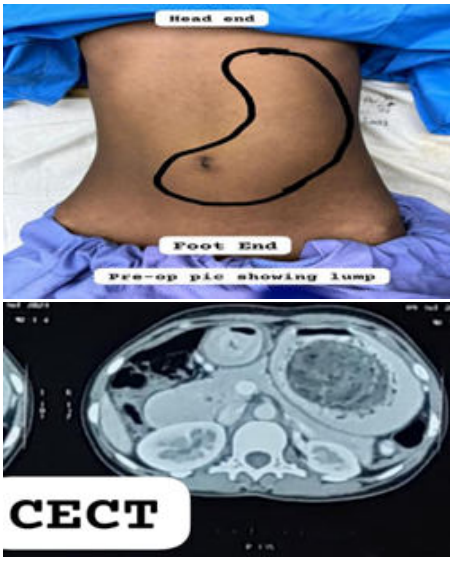
Bezoars are collection of non digestible materials, usually of vegetable origin (phytobezoars) but can also be composed of hairs (trichobezoars), medications (pharmacobezoars) or other substances. Bezoars are most commonly found in patients with underlying gastric dysmotility issues,such as prior gastric surgery, gastroparesis, or gastric outlet obstruction. The impaired grinding mechanisms of the stomach and migrating motor complexes have been implicated as pathognomic causes of bezoars. Patients are asymptomatic or have symptoms of early satiety, pain, nausea ,vomiting and weight loss. On Inspection, there can be a visible bulge in the epigastrium and left upper quadrant. On palpation, there was a firm ,non-tender, sausage shaped mass in the left upper quadrant and epigastrium.Abdominal ultrasonography and CT scan are used to show bezors as a mass or filling effect within the stomach.Personal and family history may give important clues. Initial management of symptomatic bezors is attempted dissolution. Trichobezors are typically resistant to chemical dissolution. Surgical removal is reserved for patients who fail conservative management or present with complication.

Case Report

A 20 years old female visited the Surgery OPD at SNMC, AGRA with chief complaints of vomiting and obstipation since 20 days.On examination, patient had left hypochondrium lump. Her complete blood count showed haemoglobin of 14.7 and normal white blood cell count. Her kidney function test, liver function test and urine analysis were within normal limits Ultrasonography revealed large hard echogenic lump in left upper abdomen. CECT whole abdomen revealed gastric distension with a large heterogenous intraluminal mass with mottled gas pattern in stomach, extending till pylorous. Patient was optimised and taken for surgery. Exploratory laparotomy from midline incision with gastrostomy done, and trichobezor of approximately of size 40 × 10 ×6 cm was retrived from stomach which was extending till pylorous. Post op period was uneventful and patient discharged on post operative day 10. Psychiatric consultation was also taken, and on retrospective inquiry from mother, she had given history of on and off trichophagia and trichotillomania.



Pic 1 showing pre-op (Assymetrical hair length)



Pic 2 showing lump and Radiological imaging

Pic 3 showing specimen taken out from stomach and pylorous.

DISCUSSION-

An intraluminal mass caused by a buildup of undigested material is called a gastric bezoar. Trichobezoars, which make up 50% of bezoars, are believed to develop when the smooth, slippery, enzyme-resistant hair escapes the stomach's peristaltic motion and remains in the gastric mucosal folds. This process is not fully understood, but it is eventually thought to accumulate and take on the shape of the stomach as a result of peristalsis. The fermentation of fats results in a mucus covered bezoars that smells bad and may even cause halitosis. Rapunzel syndrome is the migration of tiny hairs as a tail throgh the pylorus into intestine and colon ,even though the majority of trichobezoars are found in the stomach because the pyloriic sphincter prevents

migration. Similar to our case,a lot of patients who initially present with non specific abdominal discomfort may receive the incorrect diagnosis, which could delay the treatment and result in consequences. Treatment options include treating the underlying cause, preventing complications and removing the trichobezoars. Endoscopy is one method of removal, however,in cases of perforation ,bleeding ,or Rapunzel syndrome, surgery is necessary. To stop the trichobezoar from recurring, a multimodal preventive therapy that targets the underlying cause is required for treatment.

CONCLUSION-

A palpable lump in the upper abdomen and clinical symptoms of obstruction in young female patients should be viewed as a differential diagnosis for the rare condition trichobezors. According to published literature and our own experience, the gold standard for treating trichobezors is still laparotomy .In addition to removing trichobezoars, treating the underlying psycho-social condition is crucial. To prevent recurrence, this requires ongoing counselling and recurring psychiatric testing in follow up.