



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**AN UNUSUAL CASE OF GASTRIC TRICHOBEZOAR**

**KEY WORDS:**

**Dr. K. S Ashoke Prakaash**

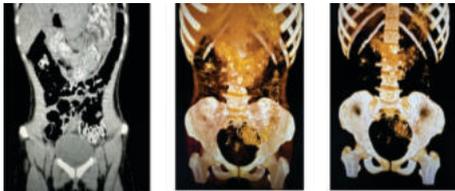
M.S., Assistant Professor, Sree Mookambika Institute of Medical Sciences, Kulasekharam Surgery

**INTRODUCTION**

- Gastric bezoars are the accumulation of undigested, ingested foreign material that form masses in the stomach.
- They are classified as trichobezoar (hair), phytobezoar (fruits and vegetables), pharmacobezoar (drugs) on the basis of contents.<sup>1</sup>
- Trichobezoars develop in patients with underlying psychiatric problems like trichophagia, trichotillomania and gastric surgery.
- The symptoms only appear when there is structural or functional narrowing of GIT.
- Clinical features are abdominal pain, intestinal obstruction, weight loss, vomiting and poor appetite.<sup>2</sup>

**Case Summary**

- A 17 year female patient presented to surgical opd with chief complaints of pain in the abdomen gradually increasing in intensity over the past 1 week, aggravated after taking food, relieved after taking medication and associated with vomiting for past 3 days containing food particles.
- She also had a history of abdominal distension for 3 days and non passage of stools and flatus for 2 days.
- She had history of eating hair for the past 1 year for which she was getting psychiatric treatment with antidepressants.
- No other significant complaints.
- Bladder habit were normal.
- General examination revealed pallor.
- Abdomen was distended.
- On percussion dullness was seen.
- Bowel sounds found to be sluggish.
- Digital rectal examination: rectum was empty.
- CT abdomen showed Intra gastric mass with heterogeneous density and air-bubble within it.



- Routine blood tests done and patient was taken for laparotomy .
- Intraoperative findings revealed mass of size 20cm x 12cm containing hair and food particles in the stomach taking its shape.
- Mass was removed.
- The postoperative course was uneventful and the patient was discharged on the seventh postoperative day.
- Patient underwent counselling and psychiatric treatment.
- Patient was doing well during 4th week and 6 month follow up.



**DISCUSSION**

- Trichobezoar is a rare disease mainly affecting young females.
- It were first described by Baudomant in 1779, consisting of a compact mass of hair, occupying the gastric cavity to a various extent.<sup>3</sup>
- Hair is made of hard keratin. Keratin is a protein that cannot be digested by human gastric juice. It is believed that the smooth surface of hair does not allow for its propagation through peristalsis, getting trapped in the mucosa.
- Diagnosis is based on radiological evidence like through USG and CT scan.
- If the diagnosis is not done at the early stage, trichobezoar continuously grows leading to the erosion of gastric mucosa, causing ulcers, perforation, intussusceptions, obstructive jaundice, enteropathy due to protein loss, pancreatitis and death.<sup>4</sup>
- Trichobezoars can be treated through endoscopic removal, laparoscopy, or laparotomy.
- Recurrence of this condition is due to neglect of the triggering factor which is the underlying psychiatric condition of the patient, trichotillomania.
- Psychiatric evaluation, treatment, and parental counselling, as well as regular follow-ups, are an important part of the treatment.

**CONCLUSION**

- Trichobezoar should be considered in young female patients who have underlying psychiatric disorder .
- It should also be considered in patients who have non specific abdominal pain.
- The most effective treatment is surgical retrieval of the trichobezoar and once the trichobezoar is dealt with surgically, the cause of the trichophagia must be looked into.

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