

Case Report

Double Trichobezoar

B. Ananda Rama Rao¹, Rama Lakshmi. T.N², P. Sai Kumar²

¹Prof of Surgery, SVS Medical College, Mahabub Nagar TS 500902

²Resident in Surgery, SVS Medical College, Mahabub Nagar Telangana 500902

Corresponding Author: B.Ananda Rama Rao

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ABSTRACT

Trichobezoar is concretion of swallowed hair in gastrointestinal tract commonly found in emotionally disturbed or mentally retarded youngsters. There is wide range of presentation from asymptomatic abdominal mass to abdominal pain, intestinal obstruction, or perforation. This is usually found to be accumulated in stomach. There is a condition called Rapunzel syndrome where there is extension of trichobezoar from stomach up to ileum or colon. This is a rare case of trichobezoar located at two separate locations simultaneously i.e. in stomach and ileum.

Key Words: Trichobezoar, Stomach mass, Ileal mass

INTRODUCTION

The word Bezoar means concretions of non absorbable food or fiber in gastrointestinal tract. The first reference to a bezoar in a human was in 1779 during an autopsy of a patient who died from gastric perforation and peritonitis. ^[1] Trichobezoar is accumulation of ball of hair in gastrointestinal tract. It is found in youngsters commonly in females with underlying psychiatric disorder. Trichobezoars in humans were first described from a post mortem by Swain in 1854. ^[2] The prevalence rate varies from 0.06% to 4%. ^[3] Rapunzel syndrome is a condition where there is extension of trichobezoar from stomach up to ileum or colon. This is a rare case of trichobezoar located at two separate locations simultaneously i.e. in stomach and ileum.

CASE REPORT

A 20yr old female patient has come with pain in the abdomen since six months. There was no vomiting associated with

abdominal pain. On examination abdomen was tense, a vague mass was palpable in epigastrium and umbilical region. All her lab investigations were within normal limits except for elevated WBC count and absolute eosinophil count.

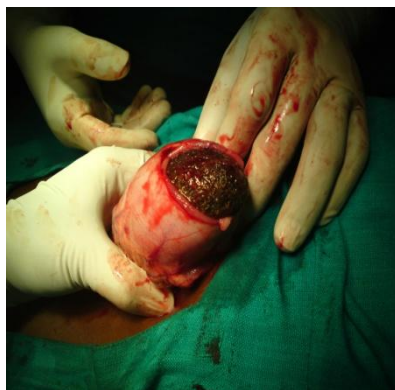
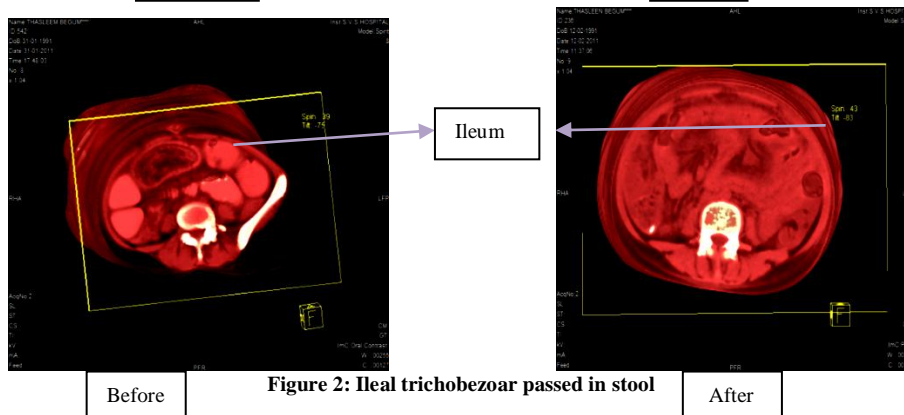
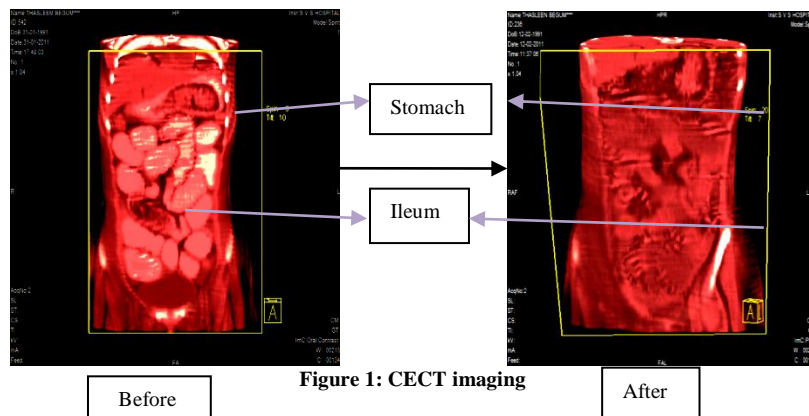
On ultrasound imaging, thickened bowel loops in right iliac fossa with thick pelvic collection were noted. On contrast enhanced computed tomography (CECT) ileocaecal Koch's was suspected and patient was started on ATT.

Later patient complained of severe abdominal pain, and passing of mass per rectum followed by dark stool, for which patient was re evaluated with a suspicion of trichobezoar and she gave history of swallowing of hair since childhood. CECT was repeated and it showed difference in imaging at the ileal region with similar picture in the stomach (figures 1,2)

Hence laparotomy was done and second trichobezoar was removed through incision in the anterior wall of stomach (Figure 3,4). Post operative period was

stormy, patient went to septic shock and needed ventilator support. She was put on

higher cephalosporin and blood was transfused.



DISCUSSION

The word “Trich” is a Greek word which indicates hair, [4] and “Bezoar” is a Persian word “padzhar” or an Arabic word “bedzehr” which means protecting against poison. [5] It is seen in patients with psychiatric disorders like trichotillomania (pulling of hair) or trichotillophagia (eating of hair). [6]

The hair strands escape the propulsive movements of gastric musculature and get retained in the mucosal

folds of stomach. This slowly gets accumulated and gets enmeshed to form a hairball further resulting in gastric atony and assumes the shape of a stomach. [7]

The frequent location of trichobezoar is in the stomach due to holding action of pylorus and churning action of stomach which further entangles the hair. The acidic content of hair gives the bezoar a black colour due to denaturation of hair protein. [8] Putrid smell of patient’s

breath and bezoar is as a result of decomposition and fermentation of fats. ^[9]

Rapunzel syndrome is a condition of gastric trichobezoar with its tail extending up to small intestine or colon. ^[10] Patients have a wide range of presentation from asymptomatic presentation to abdominal pain, vomiting, weight loss, hematemesis, intussusceptions, intestinal obstruction, perforation and peritonitis.

The complications of trichobezoar are gastric ulceration, gastric outlet obstruction, pancreatitis, malabsorption syndrome, iron deficiency, protein losing enteropathy. After removal from stomach, there is high chance of septicemia and stormy post operative period. Later chances of perforation are also high.

The gold standard for diagnosis is upper gastrointestinal endoscopy. The treatment of trichobezoars includes removal of mass and prevention of recurrence and addressing the underlying psychiatric condition.

Non invasive treatment modality include medical management with enzymatic degradation was reported to be ineffective. ^[11] Endoscopic and laparoscopic removal of trichobezoars have been attempted but with high rate of conversion to laparotomy. ^[12]

CONCLUSION

Trichobezoars are diagnosed with higher suspicion in a case of vague abdominal pain or painless palpable abdominal mass especially in young females with psychiatric problems. Attempt to acquire history of trichotillomania and trichotillaphagia must be made in such cases. Psychiatric consultation is compulsory to prevent recurrences. During surgery, complete gastrointestinal tract must be carefully checked to rule out incidental trichobezoars. In this case, tricho bezoars were noted at stomach and ileum; the ileal bezoar passed in stools and gastric bezoar was surgically removed. As expected, the post operative period was stormy, but was managed.

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