CASE REPORT

Trichobezoar Presenting as Acute Abdomen

Sarabjit Singh, Firdous Hajini* , Yawar Watali, Manan Shah

Abstract

Trichobezoar is a ball of swallowed hair that collects in the stomach and fails to pass through the intestine. The risk is greater among mentally ill females. Here in we describe a mentally normal female presenting with acute abdomen and firm mass in the abdomen with muscular defence.

Key Words

Trichobezoar, Mentally Healthy, Teenage Females, Gastrostomy

Introduction

Trichobezoar is a ball of swallowed hair that collects in the stomach and fails to pass through the intestine. The risk is greater among mentally ill females but it is also found in the patients in the normal mental status.Many authors have reported trichobezoar in past (1-11).

Here in we describe a mentally normal female presenting with acute abdomen and firm mass in the abdomen with muscular defence. Patient was subjected to plainX-ray abdomen, ultrasound abdomen followed by gastroscopy which clinched the diagnosis. Laparotomy was done and stomach shaped bezoar was removed with anterior gastrostomy.

Case Report

An 18 years old unmarried female with no history of psychiatric disease presented with acute abdominal pain in the epigastric region. The pain was non radiating but was associated with nausea.She had two similar episodes of pain in the past. A firm epigastric mass was felt with muscular defence. Supine abdominal radiograph demonstrated moltedlucencies in the stomach favouring trichobezoar.Ultrasound and gastroscopy confirmed the diagnosis. Patient was subjected to laparotomy and with anterior gastrotomy (*Fig.1*),a large Trichobezoar of the shape of stomach with foul smelling material in the wall was removed.Post operative period was uneventful.

Discussion

Trichobezoars are foreign bodies formed in gastrointestinal tract because of hair accumulation. It is described that the condition is more common in females especially teenagers (2) . The disease is most often associated with trichotillomania and trichophagia. These psychological diseases are also common in similar population (1). Previous gastric surgery especially bariatric surgery is considered to be a predisposing factor 11. The mechanism behind this is not settled. Our case is rare as although a female teenager she had normal mental status with no history of psychiatric disturbances.She presented as acute abdomen with recurrent episodes of

From the Department of Surgery, ASCOMS Sidhra & *GMC Jammu J&K -India

Correspondence to : Dr. Sarabjeet Singh Associate Professor of Surgery, Department of Surgery ASCOMS Sidhra, Jammu J&K-India

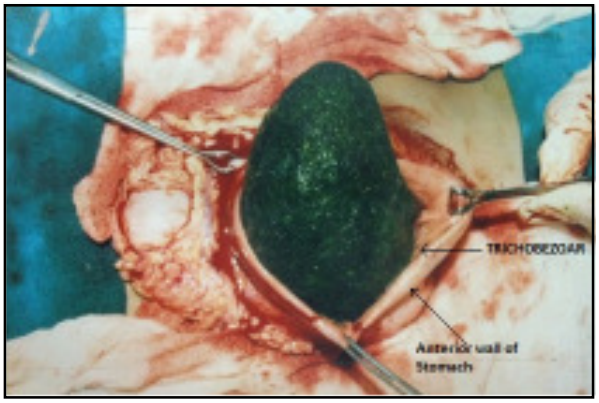

Fig 1. Showing Trichobezoar

abdominal pain in the past. Abdominal pain is the commonest clinical presenting symptom (6). However patient can present with anaemia (9). Intestinal obstruction is also seen when bezoars are present in the small bowel (3).Gastric perforation is also reported with trichobezoar (10,7). Imaging investigations are usually helpful in achieving the diagnosis. The condition is usually diagnosed by Plain X-ray abdomen, barium meal study, ultrasound, and gastroscopy. In our patient gastroscopy clinched the diagnosis. CT scan abdomen although expensive has better efficacy as it also helps to evaluate other complications of trichobezoar and rule out their multiplicity in the intestines (5). Endoscopic techniques are used for both diagnostic as well as therapeutic purpose (4).During diagnostic endoscopy the extension of bezoar beyond the stomach into the intestines can be diagnosed .Different surgical procedures are tried, laparoscopic removal when tried has limitations especially when bezoar is hard and large. More widespread experience is required with these new techniques .The procedure may be used in future (8). Till then the standard means of treatment is laparotomy and gastrotomy (*Fig.1*) for removal of bezoars from stomach as done in our case.

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