

Case Report

Trichobezoar

A rare surgical condition seen in young females

Ali Akbar Ghumro

ABSTRACT

A young female of 24 years old presented in outdoor department with complain of haematamesis, mass in epigastric region for last 3 years with no history of weight loss. Clinical examination revealed an epigastric mass of stomach shape. Barium meal contrast solved the enigma and hence a preoperative diagnosis of trichobezoar was made, Endoscope examination is not mandatory after contrast study. The Bezoar was successfully removed by gastrotomy, can be verified from pictures.

Key Words: Trichobezoar, Stomach, Gastrotomy

INTRODUCTION

This condition is usually found on the shelves of pathological Museums. Trichobezoar occur almost exclusively in females and in 80 percent of cases¹, patients is a psychiatric case. Phytobezoars are made of vegetable matter and are found principally in patients who have gastric stasis. Often this follows gastric surgery. The term bezoar is derived from an Arabic word "Badzilor" Persian word "Padzilor" or Turkish word "Panzelir" all of which stands for a substance that act as a antidote or counter person, indigestible material is ingested repeatedly over a period of time. A Pseudo Bezoar is an indigestible object introduced intentionally into the digestive system.²

A first authentic case was recorded in 1779. Hair strands are slippery and move in the stomach initially, retain in the mucosal crypts of the stomach and over a period of time become

enmeshed. It looks black due to denaturation of protein by acid, glistening due to retain mucous, and foul smelling due to degradation of food residue trapped.

Bezoars were sought due to belief that they have got powers of universal antidote against any poison.³

Case Presentation:

24 years old married woman reported at outdoor department of Surgical Unit I at Peoples University hospital Nawabshah with a history of abdominal mass, haemetemesis and abdominal pain with H/O vomiting only after taking meal which was not persistent. History was on and off since last three years, on clinical examination she was anemic with palpable and non tender mass occupying upper half of abdomen. Patient's laboratory findings were unremarkable except anemia. Patient's radiological examination was done. Plain X-ray abdomen showed soft tissue mass occupying upper abdomen. Contrast x-rays showed stomach massively enlarged with large filling defect occupying the body and whole of stomach even extending up to duodenum with

Correspondence to:**Prof. Ali Akbar Ghumro**

Professor of Surgery & Dean
Surgical & Allied Sciences
PUMHS Nawabshah

coating of barium and diagnosis of bezoar was established. Ultrasonography favouring trichobezoar by showing hyper echoic are like surface associated with marked aconstic shadow. Patient was planned for elective surgical list. Laparotomy was performed and bezoar was delivered. Patient ran a smooth post operative period.



Figure 1
View of dilated stomach containing Trichobezoar



Figure 2
Extracting Trichobezoar from stomach



Figure 3
Trichobezoar ; acquired the shape of stomach

Discussion:

Bezoar has been classified according to the component like phytobezoars (Vegetable material), Trichobezoars (Hairs), Lactobezoars (Milk) and Pharmacobezoars (Drugs). Rarely it may be a complication of parenteral feeding. Lactobezoars are found in infants. Prematurity and concentrated formulas are leading causes of lactobezoars. Diospyro bezoar is a bezoar found from unripe persimmons, cocacola has been used in the treatment.^{3,4,5}

Trichobezoars are the commonest type and it is caused by ingesting high amount of hair for last many years, may be associated with trichophillomouis which is a behavioral disorder, characterized by compulsive urge to pull hairs and eat it. Rarely it may be related to occupation of the patients like brush makers, blanket weavers, carpet makers or wood workers. Vangentel first time described Rapunzel syndrome which describes gastric hair ball with hair tail in jejunum as seen in this picture.⁶ A bezoar in the esophagus is common in young children and in horses known as choke. If it occurs in large intestine it is known as faecolith, rarely can occur in trachea known as trichobezoar.⁷

Peak incidence of this disease is between 10 to 19 years, but in our case age is older i.e 24 years. This condition may be asymptomatic or with little symptoms like nausea, vomiting, weight loss but in our case no marked weight loss is there. Haematemesis, ulceration and perforation can be a complication, Bloating sensation, early satiety with anorexia can be also the symptom. Hair may be coughed up condition called tricoptysin. Ultrasonography may show disease, echogenic rim, radiography specially contrast study showing intraluminal. filling defects are diagnostic. Both investigations can pickup upto 97% cases. CT best differentiate it from Neoplasms. It locates it size,

location and its configurations. Endoscopic removal is also documented and so is removed through mini laparotomy with 5cm incision for cosmetic reasons.^{8,9,10}

Psychiatric treatment is also mandatory as the patient is likely to develop again habit of hair ingestion. Because of insidious development it accounts for the delayed presentation and big size. Laparoscopic removal is also gaining popularity which merits for less post operative pain and less scarring. It was first reported by Nivasawa and co workers in 1998.¹¹

I feel this as a rare condition to remember when ever one comes across the cases of differential diagnosis of upper abdominal mass especially in young females.

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