

A Case Report: Lithobezor in Children

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Abstract: *Bezoar is defined as the accumulation of undigested foreign bodies or nutrients in the gastrointestinal tract. These foreign bodies can be hair (trichobezoar), fibers or seeds of vegetables and fruits (phytobezoar), or remnants of milk (lactobezoar) and stones (lithobezoar)(2)(3). Lithobezoar, the accumulation of stones in the digestive tract, is commonly seen in stomach and the colon is the rarest site for accumulation. A 15-year-old male patient was admitted to our hospital with colicky abdominal pain and abdominal distention and vomiting. The case is presented to discuss the diagnostic and therapeutic features of partial colonic obstruction secondary to colonic lithobezoar accumulation then it was progressed to intestinal perforation and was manage surgically.*

Keywords: Lithobezor, children, colonic obstruction

1. Case Report

A 15 year old Male was presented to our surgery department with history of abdominal pain since 10 days and abdominal distention since 8 days .Abdominal pain was gradual in onset, dull aching in nature, moderate in intensity, associated with abdominal distention since 8 days and vomiting since 2 days which was non projectile, non bilious and containing food particles. He does not have any history of fever, burning micturation. He was having history of pica since childhood and k/c/o intellectual disability (Cerebral Palsy child).

While admitting, he was conscious, co operative and well oriented, vitally stable having pulse of 88/min, blood pressure of 110/70 mmhg, respiratory rate of 18/minutes. On general examination he was having only pallor not icterus, generalise edema, cyanosis, generalise lymphadenopathy,

joint or spine deformity. On local examination he was having generalise tenderness on abdomen, no guarding, no rigidity.

Laboratory investigation shown hb of 10.3 gm%, total count of 15900 and platelets of 3.64 lacs/mm³, s.creatinine of 0.9mg/dl, s.rbs of 113mg/dl. On further investigation, X - RAY and ultrasound suggested sub acute intestinal Obstruction due to lithobezor likely. Patient was treated consevatively by proctolytic enema for 2 days, then X ray suggested gas under diaphragm suggestive of GI perforation. Patient was taken for emergency exploratory laparotomy and perforation in caecum was found due to stone and some stones were also found in abdominal cavity. Primary closure of caecal perforation and diverting loop ileostomy was done with removal of stones from abdominal cavity. Patient discharge with ileostomy .



Image 1: Subacute GI Obstruction

Volume 11 Issue 10, October 2022

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Image 2: GI perforation



Image 3: Intraoperative photo showing stones

2. Discussion

Bezoars are uncommon findings in children and mostly seen in children with mental disorders and with pica(3). Most lithobezoar cases occur in female children of 6-10 years age bracket, with bizarre appetite and emotional disturbances, although the index patient was a male.

Bezoars may arise from ingestion of some substances such as popcorn, bubble gum, hair, some vegetable or fruit seeds

and pebbles for a long period of time or in large quantities may cause intestinal obstruction and severe constipation by occluding the lumen of colon, especially at rectosigmoid level (4)(5)(6). Patient may present with the history of ingestion of sand, constipation and recurrent episodes of abdominal pain, that may end with a significant painful defecation is an important clue in diagnosis of lithobezoars. Abdominal palpation and rectal examination provide important diagnostic evidences for colonic lithobezoars. The palpation of a prickly mass on rectal examination is called as

Volume 11 Issue 10, October 2022

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"colonic crunch sign" and could be found in sunflower seed bezoar and lithobezoar (1)(5). Plain abdominal X-ray is especially important in the diagnosis of this kind of colonic intraluminal mass. The scattered radio opaque nature is typical of lithobezoar. This unique appearance on plain abdominal X-ray was called as "corn on the cob" (1). These cases need strict observation as they may have bowel perforation which needs urgent surgical intervention.

3. Conclusion

Colonic lithobezoar is a rare disorder but it must be suspected in children with mechanical intestinal obstruction and the history of pica. It can be lethal by causing colonic obstruction moreover perforation, if it is undiagnosed. Evacuation of the colon by anal dilatation is usually enough and surgery is not required. But if perforation of bowel occurs, it can be managed by surgical intervention.

Conflict of interest: Nil declared

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