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Trichobezoar - A Case Report

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Abstract: ***Trichobezoars are infrequent form of bezoars usually found in stomach but may also be found in duodenum, small intestine or colon. It is almost always associated with some psychiatric conditions and most commonly occurring in young females. We present the case of a 24-year-old female who presented to our emergency department with chronic abdominal pain and 6 days of nausea and vomiting. On taking detailed history it was revealed that patient has trichotillomania and trichophagia. On examination and investigations, a trichobezoar was diagnosed which was managed by laparotomy and removal. Serious complications can occur due to this condition and hence it is important to diagnose and treat it on an early level and have a holistic approach towards the treatment with not just laparotomy but also psychotherapy and behavioral therapy to prevent recurrences of this condition.***

Keywords: Trichobezoar, Trichotillomania

1. Introduction

Bezoars are of 4 types: phytobezoar (vegetable), trichobezoar (hair), lactobezoar (milk/curd) and miscellaneous (fungus, sand, paper, etc.)[1]. They are usually located in the stomach, but may sometimes be present in the duodenum, small bowel, colon (Rapunzel syndrome) [2]. Phytobezoars are most commonly found in adults while trichobezoars are mostly found in young females [3]. Trichobezoar is a rare condition almost always associated with trichotillomania and trichophagia or any other psychiatric illnesses like obsessive compulsive disorder, depression, anorexia nervosa, pica, etc.[4,5]. Human hair is resistant to digestion and peristalsis, its continuous ingestion leads to impaction of hair together with mucus and food, thus forming trichobezoar[3].We present a case of 24-year-old female with trichotillomania, trichophagia and trichobezoar.

2. Case Report

A 24-year-old married female, housewife, came with complaint of abdominal painfor 2 monthswith nausea and vomiting for 6 days. The patient was apparently alright 2 months back when she started having dull aching abdominal pain in the epigastric region which was non radiating and lasting throughout the day. The nausea and vomiting were increasing in frequency and severity. On examination the patient's vitals were normal. On per abdomen examination the patient had hard, solid mass in the epigastric region. The rest of the systemic examination was normal. The patient was investigated for the same complaints, the blood investigations were unremarkable. The Ultrasound of abdomen revealed a highly reflective structure not allowing in depth evaluation. A contrast enhanced CT scan of upper abdomen was done which showed a lobulated opacity with trapped air foci within occupying the lumen of fundus, body and antrum of stomach measuring 15 x 4.5 cm, possibility of trichobezoar (fig. 1).

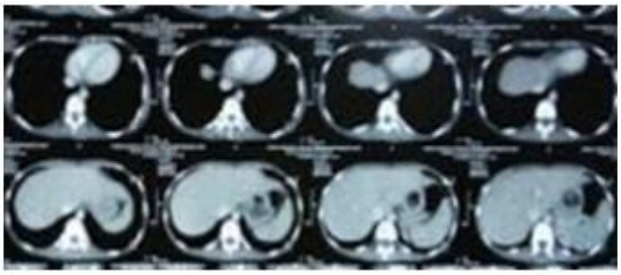

Figure 1: A contrast enhanced CT scan of upper abdomen showing a lobulated opacity with trapped air foci within occupying the lumen of fundus, body and antrum of stomach measuring 15 x 4.5 cm, possibility of trichobezoar.

On asking about the personal history of the patient further it was revealed that the patient lived alone with her 5-year-old daughter. The patient was married by 17 years of age, after a year of marriage her husband immigrated to another city for work purposes, leaving her pregnant. The patient had not revealed trichotillomania and trichophagia due to anxiety and shame regarding it. The patient did not have any depressive or psychotic symptoms or any suicidal ideation, she only had episodic anxiety. The patient was referred to a psychiatrist for the same who started her on fluoxetine 20 mg and risperidone 0.5 mg, leading to some relief in anxiety.

An upper gastrointestinal endoscopy was done confirming the presence of trichobezoar in the gastric cavity (Fig. 2).

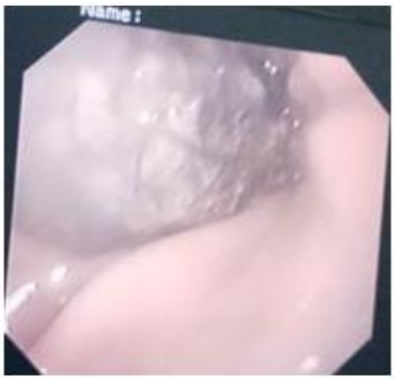

Figure 2: An upper gastrointestinal endoscopy showing presence of trichobezoar in the gastric cavity.

An anterior gastrotomy with removal of bezoar was performed.

3. Discussion

Due to lack of symptoms in the early phase of the disease it is difficult to diagnose trichobezoar. Trichobezoar should be considered in young females presenting with nonspecific abdominal complaints and any psychiatric illness. Its sequelae should not be underestimated as they include serious complications like gastric mucosal erosions, ulceration and even perforation of stomach or small intestine, intussusception, obstructive jaundice, protein losing enteropathy, reactive pancreatitis and even death[6,7]. These occur due to significant size of trichobezoar in most of the cases, reducing the blood supply to mucosa of stomach and part of intestine, which may cause ulceration and eventually perforation[3]. Early diagnosis with endoscopy is recommended which helps differentiate trichobezoars from other bezoars or foreign body which can be removed endoscopically[8]. Although laparotomy is required for treatment, psychotherapy and behavioral assessment play important role to prevent relapse.

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