

CASE REPORT:

TRICHOBEZOAR

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INTRODUCTION

Trichobezoar of the gastro intestinal tract is a rare disease both in humans and animals.¹ Commonly seen in adolescent females; it can be present in males. Due to its complicated presentation and rarity, it may cause diagnostic difficulty. Trichobezoars are usually seen in the stomach and no case is reported in the small bowel in mentally normal patients. A case report of trichobezoar in the terminal ileum and caecum is presented.

A young girl of 13 years presented to us as a case of pain abdomen off and on for the last few months. Pain was colicky associated with vomiting and constipation and relieved with medicines. Clinical examination of abdomen showed a few visible loops of small bowel. No mass was palpable or tenderness and guarding elicited. X ray (Fig I) abdomen showed distended small bowel loops. Blood picture and urine were normal. Laparotomy was performed and a mass was palpable in terminal ileum and another in caecal area. Entrotomy was done and trichobezoar (3x6 cm) (Fig II) retrieved from il-

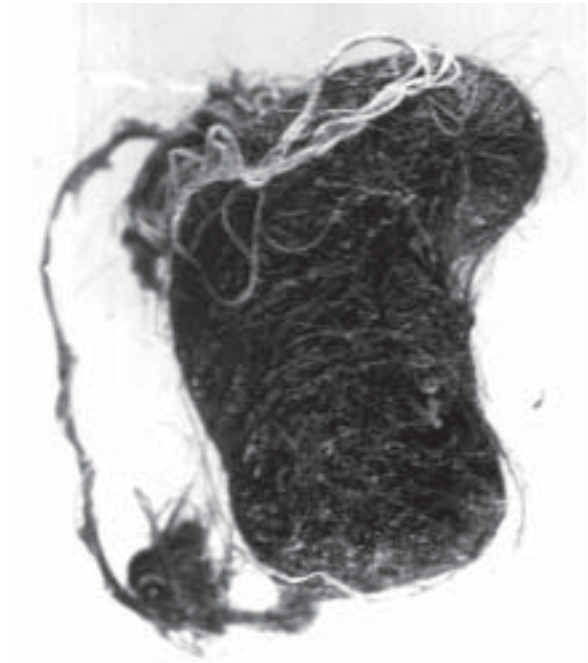


Fig II: Trichobezoar with connecting strand retrieved from terminal ileum.

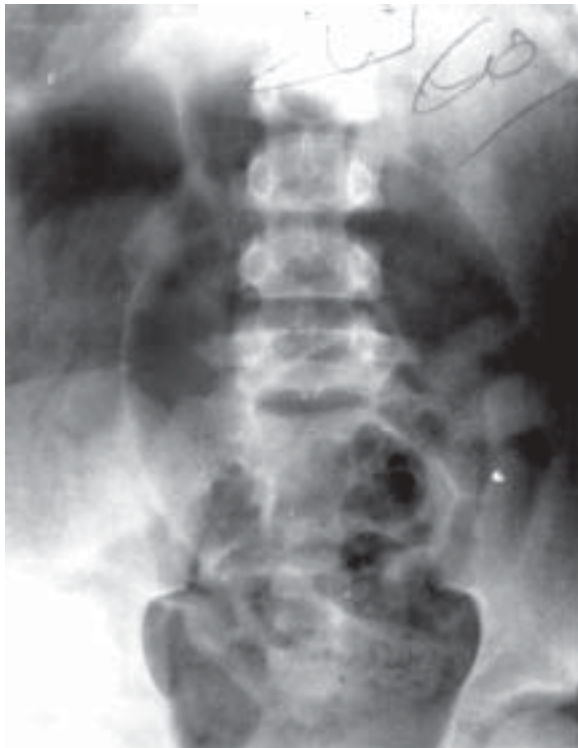


Fig I: X Ray abdomen with distended bowel shadows.

eum. It was connected through a strand of fiber to the one in caecum (Fig III), which could not be negotiated through ileocaecal valve passed spontaneously per rectum after 2 days. Operative diagnosis of trichobezoar ileum and caecum was made.

DISCUSSION

Bezoars are collections or concretions of indigestible foreign material in the gastrointestinal tract. The term bezoars derives from the Arabic word Badzehr, which means antidote¹. Bezoars were used as antidotes and as magical medicinal agents against plague, snake-bite, sexual weakness, leprosy and epilepsy by physicians from 12th to 18th century². It can be trichobezoar or hairball, phytobezoar (food particles), trichphytobezoar (mixed), pharmacobezoar, lactobezoar, mycobezoar or pseudobezoar. Generally trichobezoars are in the stomach, but it may descend from the stomach into the intestine as far down as transverse colon termed as Rapunzel syndrome. In the instant case, one trichobezoar was in the terminal ileum and another one in the caecum which were connected through a strand.

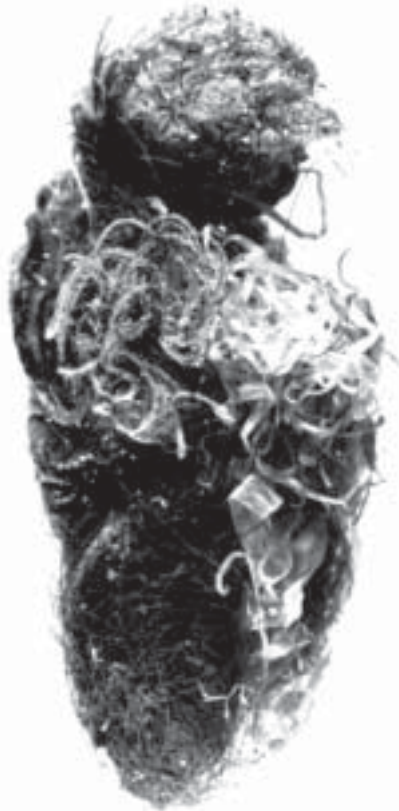


Fig III: Trichobezoar in the caecum passed per rectum.

Trichobezoars are the commonest type of bezoars. It accounts for 55% of all Bezoars³, 90% occur in adolescent females^{4,5} probably as a consequence of long hairs⁶. It consists of a large quantity of hairs of varying length firmly matted together. The ingested hairs always turn black irrespective of their original color due to denaturation of proteins in highly acidic gastric juice. It has putrid smell because of entrapment of undigested dietary fat in the hair mesh and bacterial colonization⁷. Mucus covering the bezoar gives it a glistening surface. Usually a large hair ball is formed in the stomach causing gastric atony. In 5% of cases there may be more than one hair ball⁸. At times the hair ball may extend down to the caecum causing the rare condition called Rapunzel syndrome. Trichobezoars are commonly seen in young girls with trichophagia due to psychiatric disorder. Females are perverted for chewing and swallowing hair but majority of them deny this habit. Trichophagia has been equated to pica syndrome and is considered analogous to nail biting. Trichobezoars are usu-

ally symptomless. The common presentation is as mobile and well defined lumps⁷. They may present with malaise, weight loss, vague abdominal pain related to meals, anorexia, halitosis, vomiting, wasting and cachexia. They may cause a number of complications including gastritis, occult blood loss and secondary anemia, ulceration, perforation, obstruction, hemorrhage and intussusception. Diagnosis of trichobezoars rest on the clinical evidence of long standing trichophagy, abdominal mass and radiological investigations or CT scan and abdominal ultrasound but obtaining pieces of matted hair through endoscope is pathognomonic. Surgical removal at laparotomy or laparoscopically is the treatment of choice³. If small, they may be removed endoscopically. Biopsy devices, water jets, bezotomes and LASER devices may be used to fragment larger bezoars and lavaged out of the stomach. Counseling by a psychiatrist has an important role in the management to prevent recurrence. In any young girl, presenting with epigastric pain, vomiting and abdominal mass, trichobezoars should be considered as differential diagnosis¹⁰.

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