A LARGE GASTRIC TRICHOBEZOAR IN A 21-YEAR OLD GIRL: A CASE REPORT
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ABSTRACT
The term Bezoar is derived from the Arabic "gadzehr" or the Persian "padzahr" both meaning counterpoison or antidote. The removal of trichobezoars is mandatory because of the risk of potentially life-threatening complications such as intestinal obstruction, gastric bleeding, and perforation. Gastric Trichobezoars are unusual cause of outlet obstruction in the emergency department. The surgical treatment is usually the first choice of treatment in a big trichobezoar [or big trichobezoars]. A 21-year-old woman presented to the outpatient clinic with upper abdominal pain, nausea and epigastric swelling, and with a past history of depression. Abdominal ultrasound showed echogenic mass within the stomach. Abdominal CT showed a mass in the stomach, endoscopically the mass was diagnosed to be a hairball.

Key words: Gastric, trichobezoar, endoscopic

INTRODUCTION
Bezoars are impactions of swallowed material (either food or foreign body) found in the stomach or small intestine1. They often are encountered in adolescent girls, especially in those with depression or mental retardation. Trichobezoars typically occur in the stomach and present with abdominal pain, anorexia, and vomiting. As they enlarge, they can produce gastric outlet obstruction, bleeding, and perforation2. The gold standard of diagnosis for trichobezoars is the upper gastrointestinal endoscopy, for bezoars that fail by endoscopic management or present with complications, laparotomy gastrostomy is the preferred technique of removal. We report here a 21-year-old girl who underwent laparotomy for removal of trichobezoar.
CASE REPORT

A 21-year old girl, not working, not smoking, with past history of depression and on antidepressant drugs, her family history was negative for such depression, presented to the surgical department, Suez Canal University, Ismailia, Egypt with nausea and epigastric swelling. On examination the patient's weight was 51kg, 165 cm height. She was afebrile. Her pulse was 84/ min and blood pressure was 110/70. Abdominal examination revealed an epigastric mass, laboratory studies were unremarkable, abdominal ultrasound showed echogenic mass within the stomach. Abdominal CT showed a mass in the stomach, endoscopically the mass was diagnosed to be a hairball but failed to remove it as it was too large. The patient underwent laparotomy and upper midline incision was made, a large trichobezoar was removed through a transverse gastrostomy, the specimen was 14x 9x 7 and weighting 345 grams (Figure 1 and 2). The patient was discharged home 1 week later; she is being followed up in the surgical outpatient clinic and remained well.

Figure 1. An operative photograph showing anterior gastrostomy.
Figure 2. An operative photograph showing the large trichobezoar in situ,

DISCUSSION

Bezoars typically affect female adolescents with long hair and mental disorders, diagnosis of trichobezoars may be aided by abdominal plain films, contrast upper gastrointestinal radiography, CT scan, or upper endoscopy. Complications include anemia, hematemeses, gastric ulceration, intestinal obstruction, perforation, peritonitis, pancreatitis, obstructive jaundice, malabsorption, protein losing entropathy, intussusception, and appendicitis. The aim of treatment is removal of the bezoar and prevention of recurrence. Many approaches have been proposed for the management of trichobezoars. Gastroscopic treatments have been made but this method has not been uniformly successful. Also fragmentation of large bezoars has been attempted by extracorporeal shock wave, a gallstone lithotripter, and Nd: YAG laser, but these procedures were not efficacious. The recommended treatment for large or complicated trichobezoars is surgical. If feasible, the bezoar may be removed through a single entrostomy. It is also recommended that these patients should be evaluated and followed up in a psychiatric clinic.

CONCLUSION

Trichobezoar is an unusual and potentially life-threatening disease and diagnosis confirmed based mostly on endoscopy. The surgical treatment is usually the first choice of treatment in big trichobezoar.
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REFERENCES