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A Rare Clinical Presentation at Emergency: Trichobezoar

IMAGE

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A 5-year-old female patient presented to our emergency department with the complaints of compulsive hair pulling (trichotillomania), central abdominal pain associated with vomiting, and constipation for the last week. In her medical history, there was nothing significant. Physical examination revealed a large mass located in the epigastric region. A suspected image, demonstrating a mass filling gastric fundus, was observed on the posteroanterior radiography. Therefore, next diagnostic imaging abdominal ultrasonography and computed tomography were performed. The large (10.5×5.0×4.5 cm) gastric trichobezoar was diagnosed (Fig. 1a–c) and decided to treat by surgical intervention (Fig. 2).

A trichobezoar is a collection of hair, making a mass in the gastrointestinal tract and can result in obstructive symptoms when it cannot go through the intestinal system. Trichobezoar presents with nonspecific gastrointestinal complaints caused by chronic swallowing of the hair (trichophagia) (1). The most common symptoms of trichobezoar include abdominal pain, nausea, vomiting, early satiety, and secondary anorexia and weight loss. Trichobezoar is a rarely diagnosed clinical entity to consider, especially in young women, children, and adolescents suffering from psychological conditions such as trichotillomania (hair pulling) and trichophagia (hair swallowing) (2, 3). Trichobezoar formation depends on the amount and duration of trichophagia, trichobezoar roughly develops in patients with trichophagia at a ratio of 1%.

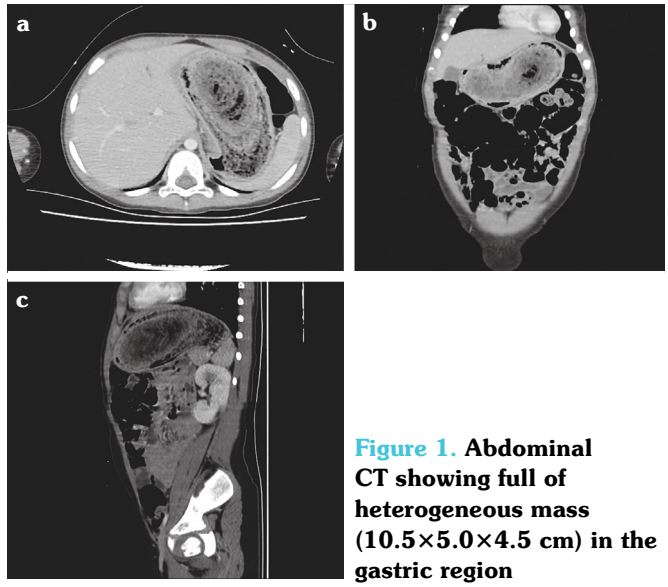

Figure 1. Abdominal CT showing full of heterogeneous mass (10.5×5.0×4.5 cm) in the gastric region

Similar to our patient, gastric bezoars are usually caused by the ingestion of non-digestible material. It causes non-specific symptoms and is detected incidentally in patients undergoing upper gastrointestinal endoscopy or imaging. The image on the computed tomography scan for trichobezoar that causes gastrointestinal mass is pathognomonic (2). When undiagnosed, gastric bezoars can cause stomach ulcers, perforation, bleeding, and congestion. Ideally, small bezoars are removed through a minimally invasive method, such as endoscopic fragmentation. Nevertheless, most of the patients, especially with large trichobezoars, require surgical intervention.

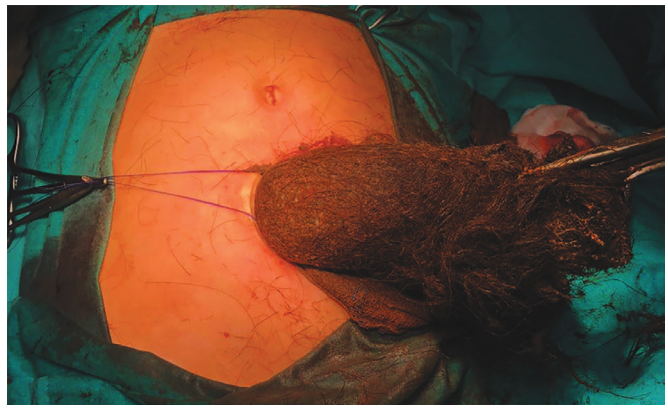

Figure 2. Taking out of large trichobezoar through excision during abdominal operation

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Psychological/psychiatric counseling plays an important role in preventing bezoar recurrence (1).

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