

## **Trichobezoar as a Cause of Upper Digestive Tract Obstruction. Report of a Case**

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### **ABSTRACT**

A gastric bezoar is defined as a foreign body resulting from the accumulation of ingested material, most commonly found as a hard mass or concretion in the stomach. It has been described in patients with psychiatric illnesses. We present the case of a patient with trichobezoar that is composed of hair that required surgical extraction.

### **ARTICLE DETAILS**

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### **INTRODUCTION**

Trichobezoar is the most common type of bezoar in patients under 30 years of age; the first case was reported by Baudomant in 1779 although surgical extraction was first performed in 1883. Bezoars can be composed of one or more types of matter and, according to this, they can be classified. The main symptom is abdominal pain, but anorexia, nausea, vomiting, early satiety and palpable tumor on examination also occur.<sup>1</sup>

The treatment of bezoars includes 3 modalities depending on the type, size and location: medical management (chemical dissolution or enzyme), endoscopic extraction or surgical removal.<sup>2</sup>

### **CLINICAL CASE**

A 17-year-old woman who started with trichotylomania and trichophagy at 8 years of age, phobia and social isolation. In December 2020, abdominal pain is added in the epigastrium. He went to a private doctor who requested abdominal ultrasound that reported abdominal tumor, probably trichobezoar due to a history of trichophagy. In March 2021, postprandial fullness is added, exacerbation of pain so you come to our unit

Upon admission in poor conditions of hygiene and dressing, pale, tflat bdomen with the presence of epigastric tumor of approximately 12 cm x 10 cm dand hard consistency, without data of peritoneal irritation or clinical or biochemical systemic inflammatory response. A simple tomography of the abdomen was performed (*Figure 1 and 1B*) showing an enlarged gastric cavity, at the expense of an oval,

heterogeneous image and areas with air density inside, conditioning obstruction at this level.

Exploratory laparotomy was performed (*Figure 2A and 2C*) evidencing g astromegalia at the expense of trichobezoar gigante that extended from cardia to pylorus with firm and lax adhesions. Gastrotomy was performed with trichobezoar extraction (*Figure 2B*), gastrorrhaphy in two planes with previous placement of nasojejunal tube to continue with enteral feeding. He was admitted to hospitalization where he remained for 4 days with enteral nutrition by nasojejunal tube avoiding parenteral nutrition, on the fifth day the nasojejunal tube was removed and he started orally with adequate treatment.

Se decides discharge with previous application of mini mental folstein obtaining a total score of 18 mild to moderate cognitive impairment, testes progressive matrices Raven with IQ lower than the average term, h erramienta of detection of violence: positive, being managed by external consultation by Psychiatry and General Surgery

### **COMMENT**

Trichobezoars begin as hair retained between folds, is denatured by gastric acid, turns black by oxidation, and combines with food to form a tangled mass. They are subsequently colonized by bacteria causing halitosis. In general, the clinical manifestations depend on the location of the bezoar, being the main pain, abdominal tumor and signs of obstruction.<sup>3</sup>

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dissolution or enzyme), endoscopic extraction or surgical removal.<sup>4</sup>

Surgical removal should be reserved for patients with complications including obstruction and/or bleeding of the digestive tract, attempts at endoscopic removal may cause perforation and is not recommended unless there are no complications or in the absence of indurated trichobezoars. If a gastrostomy or enterotomy is performed, the remaining digestive tract and stomach should be examined in case of retained bezoars.<sup>5</sup>

It is important to resolve the underlying disorder, in order to avoid recurrences, so reference or consultation with psychiatry should be made, once the complication has been resolved surgically.<sup>6</sup>

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Figure 1A

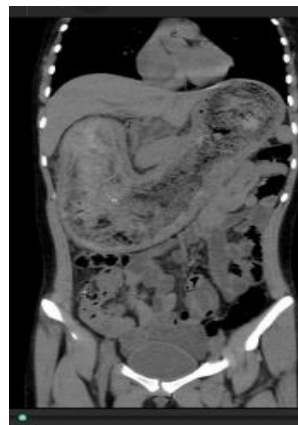


Figure 1B



Figure 2 A



Figure 2B

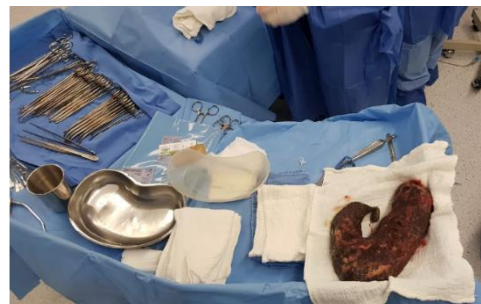


Figure 2C