

## Unusual Case Report of A Double Trichobezoar with Gastric and Ileum Localisation Causing Bowel Obstruction

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DOI: 10.36347/sjmcr.2019.v07i06.004

| Received: 17.06.2019 | Accepted: 25.06.2019 | Published: 30.06.2019

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### Abstract

### Case Report

A trichobezoar is a mass of cumulated hair ingested the gastrointestinal tract. Stomach is the common site of occurrence. Intestinal obstruction due to trichobezoar is extremely rare. We report the case of a 16-year-old girl with trichobezoar obstructing the stomach in one and the ileum in another.

**Key words:** Trichobezoar, small bowel obstruction, computed tomography.

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### INTRODUCTION

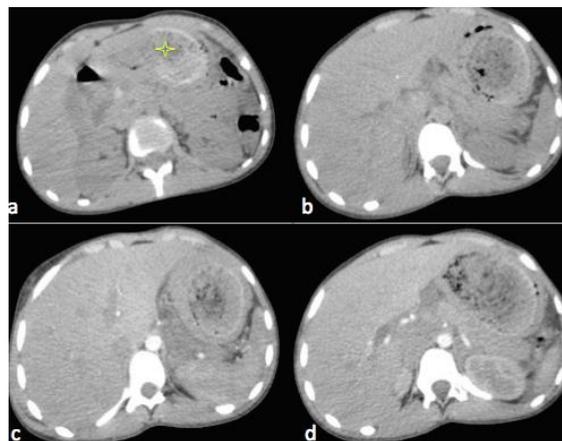
Trichobezoar usually occurs in patients with trichotillomania history, it is characterized by a compulsive disorder; it typically occurs in the stomach and rarely affects the small intestine [1]. It is also a cause of small bowel obstruction. We report the case of an atypical localization of a trichobezoar in a 16-year-old girl, who presented with small bowel obstructions.

### CASE REPORT

It's about a 16-year-old girl with prior abdominal surgery (appendicectomy); she was presented to the emergency department with abdominal pain,

abdominal distension, vomiting, and a complete constipation during the last three days.

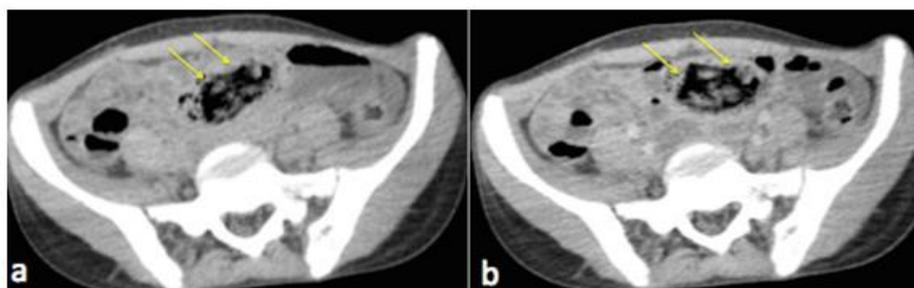
The clinical examination revealed depressed patient and a large alopecia. The abdomen was tender. The blood counting showed leucocytes at 17,700 elements/mL, and hemoglobin at 10.5 g/dL. The X-ray of the abdomen showed multiple air-fluid levels without any gas under the diaphragm. Contrast-enhanced computed tomography (CT) of the abdomen and pelvis was requested, which showed a distended stomach bay a large heterogenous mass, hypodense, non-enhancing, contained air (Figure 1).



**Fig-1: Axial Computed Tomography: (a,b) without intravenous contrast, (c,d) Contrast-enhanced CT scan demonstrating a large ovoid heterogeneous mass within the gastric lumen (asterisk) non-enhancing, contained air**

CT scan demonstrated dilated small bowel with an intraluminal mass measuring 3× 4.5 cm

contained air in its interstices (Figure 2).



**Fig-2: Axial Computed Tomography: (a) without intravenous contrast, (b) Contrast-enhanced CT scans: Small bowel intraluminal mass heterogeneous non-enhancing and contained air (yellow arrow)**

Diagnosis of mechanical small-bowel obstruction was made. At exploratory laparotomy 2

bezoars was found one in the stomach and the second one in small loops in the ileum (figure 3).



**Fig-3: A- Trichobezoar removed surgically. B- Distended small bowel loops with a bowel mass in the ileum**

The postsurgery follow was favorable. Psychiatric follow-up was indicated.

## DISCUSSION

Trichobezoar is a solid gastric mass composed of hair ingested, increasing in size by accumulation [2, 3], almost exclusively seen in young female patients, often associated with psychiatric disorders [4]. This rare condition is usually located in the stomach but it may extend through the pylorus into the small bowel and colon, named Rapunzel syndrome. Occasionally, fragments of this mass may become detached and migrate to the small bowel caused obstruction [4].

Its exact prevalence is not known due to its asymptomatic nature [5]. Trichobezoars are most commonly found in children and adolescents [3,4]. Trichobezoars are the result of trichotillomania and trichophagia, commonly observed in young females with psychiatric disorders [6]. The decrease of peristalsis and gastric stasis promote the formation of trichobezoar [2,4].

Clinical manifestations are variable associated with the trichobezoar size, generally asymptomatic or may be characterized by abdominal pain, nausea, and vomiting, This may lead to malnutrition and weight loss

[6,7]. The more severe manifestations would be complete gastric outlet obstruction may lead to bleeding or perforation [7]. Detached fragments of the bezoar may be detected as “satellite masses” within the small bowel and could lead to small bowel obstruction.

The endoscopic examination is the preferred method of investigating the stomach. It can, sometimes, extraction of small trichobezoar [3].

The ultrasonography provides no pathognomonic signs, but a hyperechoic curvilinear dense strip at the anterior margin of the lesion associated with complete shadowing posteriorly has been described [9,10].

Computed tomography (CT) best describes its size, configuration and location, and differentiates trichobezoars from neoplasms. The characteristic appearance on CT is of a hypodense heterogeneous non-enhancing mass within the lumen of the stomach and bowel. The lesions within the stomach often reach a large size. It's also useful to detect concomitant gastric and more small-bowel bezoars. Although small-bowel bezoar CT findings are not specific, CT is superior to other radiologic modalities for bezoar diagnosis. A CT scans showing a dilated small-bowel loop and a well-defined round or ovoid, heterogeneous intraluminal

mass at the transition zone. Small-bowel bezoars may be similar to small-bowel feces [11].

The treatment consists of removing the mass most commonly by surgery. The psychiatric follow-up is essential to prevent recurrences.

## CONCLUSION

Stomach is the common site of occurrence of trichobezoar. The intestinal obstruction due to trichobezoar is extremely rare. Various imaging modalities have been recommended for revealing the pathology. The treatment consists of removing the mass by surgery.

## Contribution of the authors

All the authors contributed to the medical care of the patient, as well as the writing this article they approved.

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