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Trichobezoard About Two Cases

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Abstract **Case Report**

The word "Bezoard" is derived from Persian Panzehr, or from Arabic Badzehr, which means antidote. Its formed by hair or textile fibers and is usually confined in the stomach, exceptionally they can be prolapsed in the small intestine through the pylorus and be a source of occlusion. The treatment is based on endoscopy, followed by surgery in case of failure allowing the extraction.

Keywords: Bezoard, Persian Panzehr, stomach.

INTRODUCTION

Trichobezoar is defined by the presence of an intra-gastric foreign body more rarely in the small intestine or the colon formed by hair or textile fibers.

It is a rare desease that usually occurs in adolescents with mental disorders. Its clinical symptomatology is very varied and the diagnosis is often suspected in radiology and endoscopy. The treatment is mainly surgical associated with psychological care. We report in this work two cases of trichobezoard supported in our formation.

Introduction

Case N ° 1

A 15-year-old boy with a past history of eating disorders made of geophagy and tissue ingestion, and a celiac disease who consults for isolated epigastric pain that has been evolving for 3 months.

Admission exam

Good general conditio

The abdominal palpation regains a slight abdominal tenderness without palpable mass. The rest of the examination is without particularity, normal biological assessment. Abdomen radiographie with opacification: large mass poorly limited (FIG 1).

Fig-1: Large mass poorly limited

Esophago-gastroduodenal fibroscopy: large intragastric trichobezoard measuring 25 cm x 9 cm. Oblong and molding the stomach, it sends a ramification towards the duodenum. Impossible to extract by endoscopy. The treatement consisted of a surgical extraction and gastrostomy (FIG. 2).

Fig-2: Trichobezoard after extraction

The operative follow-up was simple, the patient was referred for psychological follow-up.

Case N ° 2:

9-year-old girl with notion of trichophagia since 1 years old, consults for isolated epigastric pain evolving since 2 months without other associated signs.

Admission exam

Good general condition.

The abdominal palpation regains a slight epigastric sensitivity without palpable mass.

The rest of the exam is normal.

Abdomen radiographie with opacification: poorly limited intragastric mass (FIG 3).

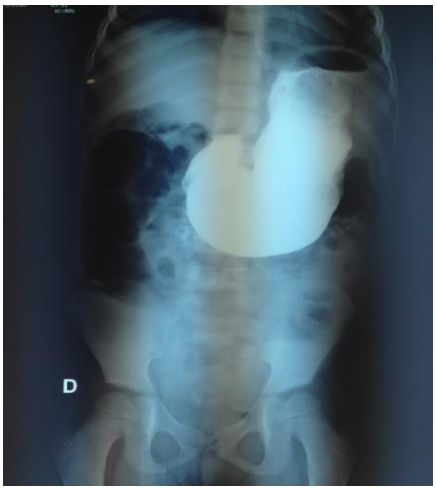

Fig-3: Poorly limited intragastric mass

Fibroscopy: intragastric trichobezoard measuring 4 cm X 3 cm.

TOGD: stomach seat of an oval, intraluminal lacunary image, trapping air bubbles in its mobile matrix, measuring 39x28mm. (FIG 4).

Fig-4: An oeso-gastro-duodenal opacification showing the trichobezoard

The treatement consisted of surgical extraction and gastrostomy (FIG. 5, FIG. 6).

Fig-5: Peroparative extraction

Fig-6: Trichobezoard after extraction

The operative follow-up was simple, the patient was referred for psychological follow-up.

DISCUSSION

The word "Bezoard" is derived from Persian Panzehr, or from Arabic Badzehr, which means antidote [1]. It refers to a rare condition, secondary to the unusual accumulation, in the form of solid masses or concretions, substances of various kinds within the digestive tract and more particularly in the stomach, but also sometimes in the urinary system. The nature of the origin of the substances determines the type of the bezoar.

The trichobezoar is usually confined in the stomach, exceptionally they can be prolapsed in the small intestine through the pylorus and be a source of occlusion.

It is a very rare condition, its diagnosis is clinical and endoscopic. It is evoked in front of a chronic symptomatology not very specific; especially in young girls with mental disorders.

This desease occurs at two different age, the first group is between 2 and 6 years old and the second at the end of adolescence and the young adult [2]. Trichobezoar is most commonly seen in emotionally disturbed or depressed patients. Oesogastroduodenal fibroscopy remains the test of choice for diagnosis by allowing the visualization of tangled, pathognomonic hair of the trichobezoar. It can, sometimes, have a therapeutic interest by allowing the endoscopic extraction of small trichobezoids [1, 3]. Ultrasound can only be diagnosed in 25% of cases.

The treatment is based on endoscopy, followed by surgery in case of failure allowing the extraction of the gastric trichobezard through a gastrotomy, as well as the extraction of any prolongations or fragments blocked at a distance from the stomach through one or many enterotomies. In addition, psychiatric treatment, based on behavioral therapy, parental education and medical treatment, must often be initiated in patients with trichophagia [1, 4, 6].

COCLUSION

Trichobezoar is a rare situation that usually occurs in adolescents with mental disorders. The clinical symptomatology is very varied and the diagnosis is often suspected in radiology and endoscopy. The treatment is surgical associated with psychological care.

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