

## Trichobezoar: An Unusual Cause of Gastric Perforation

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### Abstract

### Case Report

**Introduction:** Trichobezoar is a Greek word trich, which means hair. Bezoars are collections of indigestible material that accumulate into the gastro-intestinal tract and are most often located in the stomach. Trichobezoars are often associated with psychiatric illness like trichotillomania and trichophagia usually occurs in young and adolescent females. In this case study, we showed the interest of imaging in the the diagnosis of this entity. **Case presentation:** A 38 years old woman, 5 days post-partum presented in the emergency department with complete occlusive syndrome evolving for 3 days. On examination patient look irritable, abdomen was tense and sensitive on palpation. Ultrasound shows collection of free fluid in the peritoneal cavity. A complement by CT scan demonstrated a large gastric intraluminal heterogeneous mass that reminded bezoars. On emergency, an exploratory laparotomy was performed and bulky gastric trichobezoar was removed. **Conclusion:** Gastric perforation is a rare complication of gastric trichobezoar formation. Without a history of trichotillomania or trichophagia, one would not readily include this entity on their differential diagnosis of an acute abdomen. Once diagnosed, often incidentally with the help of radiologic imaging.

**Keywords:** trichobezoar; trichotillomania; trichophagia; gastric perforation.

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## INTRODUCTION

Trichobezoar is a Greek word trich, which means hair. Bezoars are collections of indigestible material that accumulate into the gastro intestinal tract and are most often located in the stomach. Trichobezoars are often associated with psychiatric illness like trichotillomania and trichophagia usually occurs in young and adolescent females. Gastric trichobezoar is the most common variety of bezoar found in the stomach. The common complications reported over the years, include gastric mucosal erosion, ulceration, and perforation of the stomach. In this case study, we present the 38 years old female who suffer from Trichobezoar with Gastric Perforation which is rare in nature.

## CASE PRESENTATION

We report the case of a 38 years old female patient, 5 days post-partum. Presented in the emergency department with complete occlusive syndrome evolving for 3 days. On examination patient look irritable, abdomen was tense and sensitive on palpation. Ultrasound shows collection of free fluid in the peritoneal cavity. A CT of the abdomen revealed pneumoperitoneum and a potentially perforated stomach,

secondary to a heterogeneous mass completely filling and distending the gastric cavity (Figure 1 and 2).

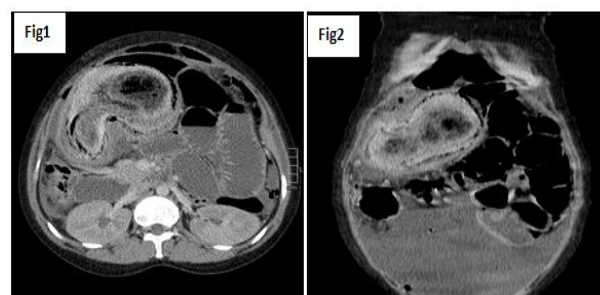
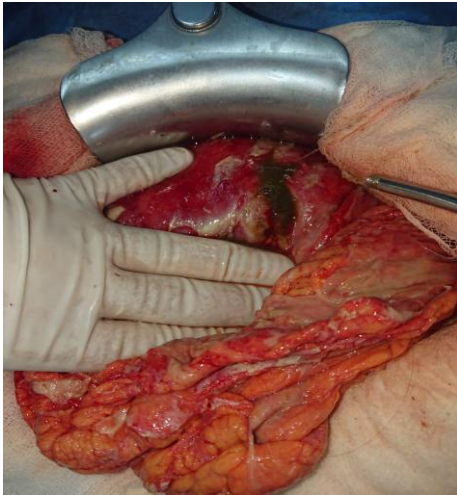


Fig-1 and 2: Axial and coronal CT images shows the large gastric intraluminal heterogeneous mass. Pneumoperitoneum is also seen

The patient underwent an emergent exploratory laparotomy, and the lesser curvature of the stomach was noted to be visibly perforated and leaking gastric fluid (Figure3). An incision was made along the posterior aspect of the stomach and a trichobezoar encompassing the entirety of the patient's stomach was visualized. The mass measured 18.5 x 11 x 7 centimeters and was removed (Figure4). The gastrostomy was repaired primarily and the gastric perforation was sutured.



**Fig-3: Perforation in lesser curvature of the stomach leaking gastric fluid.**

Postoperatively her recovery was punctuated only by a right-sided pleural effusion which spontaneously. The patient was discharged home on postoperative day 14 after receiving intravenous antibiotic. Psychiatric treatment was started.



**Fig-4: Surgical specimen shows the resected gastric trichobezoar**

## DISCUSSION

Bezoar is an uncommon but potentially serious cause of abdominal pain. Several types of bezoars exist [1], including phytobezoar (plant material), lactobezoar (milk seen exclusively in infants), pharmacobezoar (medications) and trichobezoar (hair). Bezoars are most commonly seen in the stomach [2], and may also involve the small bowel particularly in the case of trichobezoars [3]. Trichobezoars overwhelmingly tend to occur in females over males, with predisposing factors of trichotillomania and trichophagia [4]. Common presenting signs and symptoms of trichobezoars include chronic gastrointestinal, a palpable abdominal mass, and small bowel obstruction. The dreaded complication of trichobezoars is stomach or bowel perforation [5]. Imaging plays an

important role in diagnosis. On abdominal radiography, the diagnosis may be suspected when there is abundant mottled material admixed with gas distending the stomach [6]. On CT, bezoars present as a heterogeneous intraluminal mass typically interspersed with gas, distending but not adherent to the stomach or small bowel. CT is helpful in delineating small bowel extension including more distal satellite lesions [7].

## CONCLUSION

In summary, our case highlights trichobezoar as an uncommon, yet important potential cause of abdominal pain in girls presenting with acute abdominal pain. The diagnosis of trichobezoar may be suspected in female patients with the history of trichotillomania, Trichophagia, gastrointestinal symptoms and a palpable abdominal mass. However, imaging is a mainstay for accurate diagnosis particularly of potential complications.

## Abbreviations

CT: Computed tomography.

## ACKNOWLEDGEMENTS

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