



Case Report / Olgu sunumu

Trichobezoar in Two Different Localizations at the Same Time: A Case Report

Aynı Anda İki Farklı Lokalizasyonda Trikobezoar: Olgu Sunumu

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Abstract

Trichobezoar occurs when the hair cannot be digested and accumulated in the gastrointestinal tract after ingestion in patients with trichobezoar, trichotillomania, and trichophagia. It is frequently seen in girls aged 13-20 years and is accompanied by psychiatric disorders. A case with trichobezoar in two different localizations is presented at the same time. A 16-year-old girl weighing 56 kg presented to another hospital with complaints of nausea, vomiting, and loss of appetite after almost every meal in the last 2 months. The patient was referred to our clinic upon the detection of gastric trichobezoar on computerized tomography (CT). Laparotomy was performed on the patient. A giant mass filling the entire stomach and a separate mass almost completely blocking the intestinal lumen were detected in the proximal jejunum. Both masses were removed by gastrotomy and jejunotomy. The patient was discharged on the 6th postoperative day with recovery. Anxiety disorder was detected in the patient who was consulted with pediatric psychiatry in the postoperative period. Our case had a psychiatric disorder similar to the cases in the literature. Our case was a successful science high school student contrary to the common situations in the literature. Cases with two different masses in two different localizations at the same time are very rare, as in our case. The patient's images should be carefully examined before the operation and exploration should be performed well during the operation.

Keywords: Trichobezoar, trichotillomania

INTRODUCTION

Bezoars are the general name of the masses formed by an accumulation of oral substances in the stomach and intestines as a result of not being digested by the gastrointestinal tract.^[1] It has various names according to its content as phytobezoars (undigested fruits or vegetables), trichobezoars (clay and hair), pharmacobezoars (drugs), and lactobezoars (milk). The most common of these are trichobezoars.^[2] Trichobezoars are usually seen in

Öz

Trikobezoar, trikotilomani ve trikofaji hastalığı olanlarda saçların yutulması sonrasında gastrointestinal sistemde sindirilemeyip birikmesiyle ortaya çıkar. Sıklıkla 13-20 yaş arası kızlarda görülür ve psikiyatrik bozukluklar eşlik eder. Aynı anda iki farklı lokalizasyonda trikobezoar bulunan olgu sunulmaktadır. 16 yaşında 56 kg olan kız hasta son 2 aydır olan hemen hemen her yemekten sonra olan bulantı, kusma ve iştahsızlık şikayetleriyle başka bir hastaneye başvurmuş. Hastanın dış merkezde çekilen batın tomografisinde gastrik trikobezoar tespit edilmesi üzerine hasta kliniğimize yönlendirilmiş. Hastaya laparotomi uygulandı. Midenin tamamını dolduran dev bir kitle ve proksimal jejunumda barsak lümenini tama yakın tıkayan ayrı bir kitle tespit edildi. Her iki kitle de gastrotomi ve enterotomi ile çıkarıldı. Hasta ameliyat sonrası 6. Günde şifa ile taburcu edildi. Operasyon sonrası dönemde çocuk psikiyatri ile konsulte edilen hastada anksiyete bozukluğu tespit edildi. Olgumuzda literatürdeki olgulara benzer şekilde anksiyete bozukluğu mevcuttu. Olgumuz literatürdeki yaygın durumların aksine başarılı bir fen lisesi öğrencisiydi. Olgumuzda olduğu gibi aynı anda iki farklı lokalizasyonda iki farklı kitlenin olduğu durumlar çok nadirdir. Operasyon öncesinde hastanın görüntülerinin dikkatlice incelenmesi ve operasyon sırasında sadece midenin değil bağırsakların da explore edilmesi gerekir.

Anahtar Kelimeler: Trikobezoar, trikotilomani

young girls aged 13-20 years with trichotillomania and trichophagia disorders.^[2] It is usually found as a single mass in the stomach and takes the form of a stomach.^[1] It is very rare that trichobezoars are simultaneously found in multiple masses in different localizations. We present the trichobezoar case with two different masses in two different localizations at the same time.



CASE

16-year-old female patient, 56 kg, no relevant surgical or pathological history, no lingual, intellectual, or cultural disabilities that may affect communication. The patient was admitted to another hospital for two months of abdominal pain, loss of appetite, nausea, and vomiting. She was referred to our hospital upon palpation of a hard mass in her epigastrium and detection of masses in the stomach and proximal jejunum on CT images. It was reflected in the mesogastrium and left hypochondrium even though the patient's history of pain was mainly in the epigastrium region. The patient had complaints of nausea, loss of appetite, and vomiting after almost every meal for the last two months. It was learned that she lost about 12 kg during this time. A hard mobile mass was palpated in the epigastrium region on physical examination. There was no sign of peritonitis. It was learned in the questioning of the patient that she had a trichophagia habit since she was 9 years old. The patient admitted to eating both her own hair and other people's. The patient had no distinct alopecia on her scalp.

There was a giant mass with air densities covering the gastric lumen almost completely and another mass filling the lumen in the proximal jejunum in the CT images taken from the previous hospital (**Figure 1**). There was no feature in the laboratory results. We diagnosed her with trichobezoar based on her history and CT images. Laparotomy was performed with an abdominal midline incision above the umbilicus. Laparotomy revealed a giant mass that filled the entire stomach and did not exceed the pylorus, and a separate mass that completely blocked the small intestinal lumen in the proximal jejunum. The masses were removed by transverse gastrotomy and jejunotomy. There was no connection between the masses, the masses were independent of each other. The long axes of the masses were measured as 30 cm and 10 cm, respectively (**Figure 2**). The patient recovered on the 6th postoperative day and was discharged. The patient, who was consulted with pediatric psychiatry after the operation, was found to have an anxiety disorder and was followed up by pediatric psychiatry.

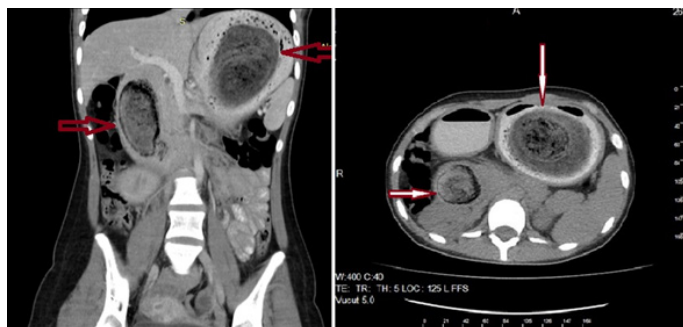


Figure 1. Coronal and axial view plain abdominal computed tomography scan of patient, showing two trichobezoars: one in the stomach and one in the jejunum

DISCUSSION

Phytobezoar, pharmacobezoar, and lactobezoar cases often occur in cases of impaired gastrointestinal tract mobility such as gastroparesis, diabetes mellitus, hypothyroidism, Guillain-Barre syndrome, myotonic dystrophy, multiple myeloma, renal failure.^[1] The gastrointestinal system is usually normal in trichobezoars. Trichobezoars occur as a result of the inability to digest the swallowed hair and accumulation in the gastrointestinal tract in patients with trichotillomania and trichophagia.^[2] It is seen that patients often eat by pulling their own hair when the cases in the literature are examined. When the history of our case was questioned, it was learned that unlike the cases in the literature, she had a habit of eating both her own hair and other people's hair. Our patient had a trichophagia habit for about 7 years. Patients usually have underlying psychiatric problems when trichobezoar cases are examined. Our patient also had an anxiety disorder. It was noteworthy that our case was a successful science high school student unlike the examples in the literature.

Trichobezoars are most common in children and adolescents. It is estimated that 80% of patients are under 30 years of age and have the highest incidence in the second decade. More than 90% of patients are women.^[3] It is usually seen in people with psychiatric disorders.^[3] Trichobezoar cases can remain asymptomatic for years. Patients may experience symptoms suggestive of gastrointestinal obstruction such as nausea, vomiting, loss of appetite, pain, and weight loss.^[4] Rarely, complications such as pancreatitis, superior mesenteric artery syndrome, obstruction, and intussusception may also be encountered.^[4] Our patient had symptoms similar to those in the literature.

A large giant mass in the stomach and its tail-shaped extensions to the small intestines and sometimes even the cecum are seen in cases of Rapunzel syndrome.^[2] The name of this syndrome comes from the character of the fairytale hero Rapunzel, who has long and durable hair.^[2] The mass in the stomach disrupts the mobility of the stomach while the hair reaching the intestine does not usually reach the size that causes intestinal obstruction. The masses in the stomach and the small intestine are independent of each other and the



Figure 1. The large trichobezoar from patient, measured 30 cm, and conformed to the shape of the stomach

masses formed in the small intestine may cause symptoms of small intestine obstruction in some rare cases of Rapunzel syndrome.^[2] There were two different masses that were large enough to cause an obstruction in both the stomach and the jejunum in our case. Patients scheduled for surgery due to trichobezoar should be screened carefully for multiple masses before and during surgery, as in our case. Otherwise, ileal obstruction symptoms and secondary surgeries may be required depending on the masses remaining in the intestine after the operation. This is very upsetting for the patient and physician and may lead to serious ethical and legal consequences.

Contrast-enhanced radiographs, ultrasonography, CT, and upper gastrointestinal system endoscopy are also frequently used while physical examination and the patient's history are important in the diagnosis of the disease.^[5] Exposure to radiation during CT scans is undesirable, especially for pediatric patients, but CT is very effective in identifying multiple masses simultaneously. It also prevents unsuccessful interventions such as endoscopy and laparoscopy while CT guides the selection of incision by providing valuable information in determining the location, size, and content of the masses.^[5] CT images of our patient revealed two independent masses containing air densities in the stomach and proximal jejunum.

Various acidic fluids such as soda varieties, which are thought to solve the mass endoscopically, lavage, aspiration, and removal methods with a grasper, and laparoscopic methods are used in the treatment of the disease. However, laparotomy is the most effective method of treating large masses.^[6] The masses were successfully removed by gastrotomy and jejunotomy in our case.

Trichobezoars can rarely be present in large numbers at the same time. The patient's images should be carefully examined before the operation and adequate exploration should be performed during the operation. Patients should be treated in consultation with pediatric psychiatry in order to prevent the recurrence of the disease.

ETHICAL DECLARATIONS

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

Referee Evaluation Process: Externally peer-reviewed.

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