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(CASE REPORT)

Trichobezoar (about 3 cases)

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Abstract

Trichobezoar is a rare condition referring to the unusual presence of hair, in the form of a solid mass, in the stomach ; Trichobezoars are made up of concretions of ingested hair and food. A history of occlusive syndrome in a context of trichotillomania and psychological problems must lead to this diagnosis. The first case of this series illustrates the Rapunzel syndrome with many perforations and necrosis of the small bowel. The 2 others are strict intragastric bezoars. Treatment is exclusively surgical. The aim of this work is to discuss through our cases of trichobezoar the diagnostic difficulties and the different therapeutic methods.

Keywords: Trichobezoars; Rapunzel syndrome; Small bowel; Necrosis

1. Introduction

Trichobezoar is a rare condition referring to the unusual presence of hair, in the form of a solid mass, in the stomach or in the bowel. Most often asymptomatic, its diagnosis relies essentially on fibroscopy.

The aim of this work is to discuss through our cases of trichobezoar the diagnostic difficulties and the different therapeutic methods.

A psychiatric follow-up is necessary in these patients to avoid recurrence.

2. Clinical observation

2.1. Case 1

8 year old girl, without any notable pathological history, admitted in our training for epigastralgia dating back to 1 month. Hence the realization of a biological assessment having objectified a lipasemia at 10 times the normal and an endoscopic exploration in favor of trichobezoar as well as a nodular gastritis from where the decision to realize a biopsy.

An abdominal CT scan was performed and showed a stage C pancreatitis and a segmental digestive parietal thickening complicated by 4 intestinal invaginations, suggesting in the first place a lymphomatous origin.

Our patient was admitted to the operating room and underwent a gastrotomy with extraction of the mass. The rest of the exploration found an adhesion at the level of the 2nd loop with a perforation of the bowel, the rest of the exploration found a thread in the whole small bowel as well as a part of the colon making pseudo-invasions with perforations on the mesenteric and anti-mesenteric border of the 8th loop, hence the realization of a resection with terminal anastomosis.

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Our patient was referred to a psychiatric consultation. At the present time, after 3 years, our patient has not presented any complications.

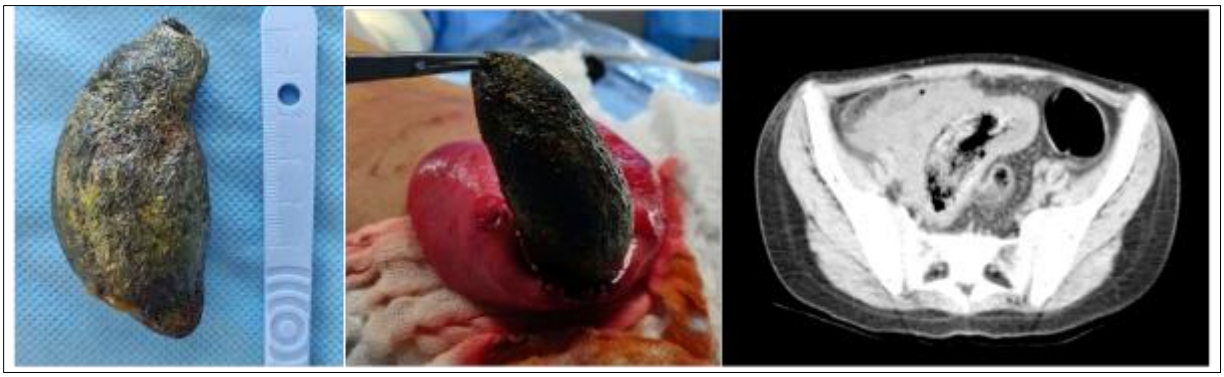

Figure 1 Intraoperative

Figure 2 Abdominal CT scan

2.2. Case 2

13 year old girl, without any notable pathological history, admitted with abdominal pain, aggravated by the onset of an occlusive syndrome with a lipasemia at 10 times the normal level.

An abdominal CT scan was performed which revealed acute pancreatitis stage E of BALTHAZAR with 30% necrosis of the pancreatic parenchyma as well as a bowel obstruction up stream of a pelvic intraluminal bowel obstruction, evoking a bezoar, with a doubt about a colonized digestive perforation.

The laparoscopic exploration, objectified the presence of a trichobezoar, without associated perforation.

Our patient was referred to a psychiatric consultation 2 years later and did not present any complications.

2.3. Case 3

9 year old girl, without any notable pathological history, admitted in our formation for an abdominal mass going back to 1 month increasing gradually in volume.

The clinical examination showed an epigastric mass of almost 8 cm.

An ultrasound and an abdominal CT scan were carried out coming back in favor of a voluminous gastric tricho- bezoar.

Surgical exploration revealed a huge mass made of hair and colored threads measuring about 10cm with a long duodenal tail.

Our patient was connected in turn in psychiatric consultation, after a recoil of 1 year, we note no complication or recurrence.

3. Discussion

Trichobezoar is a rare condition, usually asymptomatic, but easily diagnosed by oesogastroduodenal fibroscopy. Treatment is usually surgical.

Females are most affected (90% of cases), and 80% of cases occur before the age of 30, with peak incidence between the ages of 10 and 19 (1).

Trichobezoar is most often gastric in origin, but may extend to the small intestine or even the transverse colon, resulting in Rapunzel's syndrome. (2)

Trichobezoar may remain asymptomatic for a long time, or manifest as epigastric discomfort (80%), abdominal pain (70%), nausea or vomiting (65%), asthenia with weight loss (38%) or transit disorders (33%) such as diarrhea or constipation. (3_4)

Diagnosis is based on FOGD, which remains the examination of choice, allowing visualization of tangled hairs pathognomonic of trichobezoar, and sometimes having therapeutic value by allowing endoscopic extraction of small trichobezoars (5).

Abdominal CT scans may show a mass of variable volume and heterogeneity, occupying almost the entire gastric lumen and consisting of multiple concentric circles of varying density, distributed like onion bulbs. Two pathognomonic and constant signs are the presence of tiny air bubbles dispersed within the mass and the absence of any attachment of the mass to the gastric wall (6).

Several therapies have been reported in the literature. In the presence of a small trichobezoar, some authors suggest the use of copious fluids combined with transit gas pedals, while others propose endoscopic extraction. Other authors propose fragmentation of the trichobezoar, either endoscopically by laser beam and mini-explosion [7], or by extracorporeal lithotripsy [8]. In addition to incomplete treatment, these methods run the risk of iatrogenic complications, in particular esophageal or intestinal occlusion of trichobezoar fragments, and are therefore often treated surgically. Surgery allows exploration of the entire digestive tract, extraction of the gastric trichobezoar through a gastrotomy, and extraction of any extensions (tail) or fragments blocked at a distance from the stomach through one or more enterotomies [1,9]. Recently, the laparoscopic approach has been proposed as an alternative to laparotomy [1]. Psychiatric treatment is often required for patients [1].

4. Conclusion

The trichobezoar is a rare pathology, the diagnosis is confirmed by the oesogastroduodenal fibroscopy, the radiological exploration in particular by the scanner is essential, to highlight other localizations as well as pancreatic complications. The treatment of choice is surgery; this should not obscure the psychiatric management of patients

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of ethical approval

Ethical approval was obtained

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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