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A Case Report

TRICHOBEOZAR WITH GASTRIC PERFORATION IN A 30 YEARS OLD FEMALE IN PAKISTAN: A CASE STUDY

Dr. Shahnawaz Abro¹, Dr. Ali Gohar Khan¹, Dr. Sadam Zia¹

¹Surgical Department of Liaquat University of Medical and Health Sciences, Jamshoro, Pakistan.

Abstract:

Trichobezoar is a Greek word trich, which means hair. Bezoars are collections of indigestible material that accumulate in the GI 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 present the 30 years old female who suffer from Trichobezoar with Gastric Perforation which is rare in nature. A 30-year-old woman resident of Dadu , presented in the emergency department of Liaquat University hospital Hyderabad/jamshoro in October 2018 , with the complain of pain in upper abdomen, constipation for last 10 days , vomiting for last 3 days and distention of abdomen. On examination patient look irritable abdomen was tense and tender on palpation, bowel sounds was absent. Ultrasound shows collection of free fluid in the peritoneal cavity and gas filled bowel loops no visceromegaly, and x-rays abdomen erect and supine shows gas under right dome of diaphragm. There was a past history of C-section and the socioeconomic status was average. On emergency exploratory laparotomy was performed and around two liters of pyoperitoneum was removed. And there was a 2×2 cm perforation was identified in the anterior wall of the prepyloric region of stomach. It is concluded that Gastric perforation is a rare complication of gastric trichobezoar formation. Without a history of trichotillomania or trichophagia, or findings on physical examination consistent with hair pulling behavior, one would not readily include this entity on their differential diagnosis of an acute abdomen.

Key words: Trichophagia, Trichobezoar, Gastric, perforation

Corresponding author:

Ali Gohar Khan,

*Surgical Department of Liaquat University of Medical and Health Sciences,
Jamshoro, Pakistan*

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INTRODUCTION:

Trichobezoar is a Greek word trich, which means hair. Bezoars are collections of indigestible material that accumulate in the GI 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 (GT) is the most common variety of bezoar found in the stomach [1]. On the basis of their contents, bezoars are classified into phytobezoars (composed of non-digestible food materials such as seeds and pits), trichobezoars (composed of hair), lactobezoars (composed of lactose), and pharmacobezoars (composed of medications). The common complications reported over the years, include gastric mucosal erosion, ulceration, and perforation of the stomach or the small intestine, gastric outlet obstruction, intussusception, obstructive jaundice, protein-losing enteropathy, pancreatitis and death [2]. Usually trichobezoar is confined to the stomach, but it can migrate through the pylorus into the jejunum, ileum or even the colon [3].

In this case study, we present the 30 years old female who suffer from Trichobezoar with Gastric Perforation which is rare in nature.

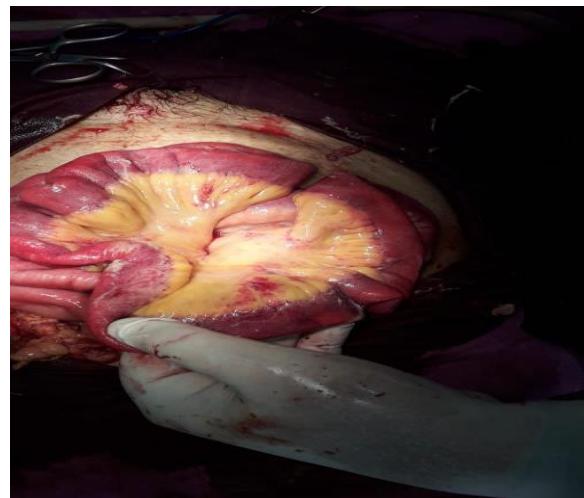
CASE PRESENTATION



A 30-year-old woman resident of Dadu, presented in the emergency department of Liaquat University hospital Hyderabad/Jamshoro in October 2018 , with the complain of pain in upper abdomen, constipation for last 10 days , vomiting for last 3 days and distention of abdomen. On examination patient look irritable abdomen was tense and tender on palpation, bowel sounds was absent. Ultrasound shows collection of free fluid in the peritoneal cavity and gas filled bowel loops no visceromegaly, and X-rays abdomen erect and supine shows gas under right dome of diaphragm. There was a past history of C-section and the socioeconomic status was average. On emergency exploratory laparotomy was performed and around two liters of pyoperitoneum was removed. And there was a 2×2 cm perforation was identified in the anterior wall of the prepyloric region of stomach , whole stomach was distended hairs in the stomach gained the shape of stomach, we have removed tuft of hairs from stomach and upper small intestine which was 2.5 feet long (figure 2) .

Management and Outcome

An emergency exploratory laparotomy was performed and around two liters of pyoperitoneum was removed. On exploration, a 2×2 cm perforation was identified in the anterior wall of the prepyloric region of stomach (figure 1).



A large mass could also be felt in the stomach extending from fundus to the pylorus. Visible through the perforation was a large mass of hair (figure 2). A separate gastroenterotomy was made and the mass was removed. The mass was foul smelling and contained densely wound bunch of hair, threads and bits of plastic. The gastroenterotomy was repaired primarily in single layer with absorbable suture and perforation with Graham's omental patch.



The postoperative period was uneventful and the patient is under psychiatric treatment. The patient was never diagnosed nor treated as a case of trichotillomania with trichophagia.

DISCUSSION:

The exact pathophysiological mechanism(s) explaining why patients with trichobezoars perforate their stomach are unknown, but pressure necrosis and irritation of the gastric mucosa have been implicated. As the size of the trichobezoar increases, the blood supply to the mucosa of the stomach and part of the intestine is hampered, leading to ulceration and eventually perforation [4,5]. Nirasawa et al., were the first to report on laparoscopic removal of a trichobezoar. Laparotomy is considered as the treatment of choice in view of high success rate, relatively low complication rate, and low complexity. In addition, the entire gastrointestinal tract can be evaluated for satellites in a short period of time [6]. The evolution of GT is still not fully understood. Hair strands because of their slippery surface, escape peristaltic propulsion and are retained in the folds of the gastric mucosa. The hairball lies dormant and the trichobezoar continues to grow in size and weight due to the incessant ingestion of hair. Ultimately, the GT attains the shape of the stomach, usually as a single solid mass [7]. The most common symptoms are epigastric pain (70.2%), epigastric mass (70%), nausea and vomiting (64%), hematemesis (61%), weight loss (38%), and diarrhea and constipation (32%). A preoperative diagnosis of trichobezoar may be suggested in a patient presenting with severe halitosis, patchy alopecia, a previous history of trichotillomania and trichophagia [8]. Other associated complications of GT are malabsorption related, which include protein-losing enteropathy,

iron deficiency anemia, and megaloblastic anemia [9].

CONCLUSION:

It is concluded that Gastric perforation is a rare complication of gastric trichobezoar formation. Without a history of trichotillomania or trichophagia, or findings on physical examination consistent with hair pulling behavior, one would not readily include this entity on their differential diagnosis of an acute abdomen.

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