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Gastric Trichobezoar With Gastric Perforation- A case Report

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ABSTRACT

BEZOAR- derived from Arabic word 'bazahr' or 'bedzehr' or Persian, 'Padzahr' or Turkish word 'Panzehir' all of which mean antidote.

A trichobezoar represents a mass of accumulated hair within the gastrointestinal tract. Isolated gastric trichobezoars, those with extension into the duodenum, and small intestinal trichobezoars have all been described. This case report describes trichobezoar along with gastric perforation in the stomach in a 9-year-old male presenting with abdominal pain, anorexia, and vomiting.

CASE PRESENTATION

A 9 yrs old male child was refer to our hospital with complaint of abdominal pain, vomiting and high fever since 2 days. Upper GI scopy done from outside and an attempt was made to remove bezoar.

On examination Temp-101°F, P-122/min., B.P- 98/60 mm of hg.

Per Abdominal examination– Tenderness all over abdomen more over in the epigastrium, guarding and rigidity was present, No hepatosplenomegaly.

The rest of the physical examination results were unremarkable.

Investigations:

Hemoglobin - 8 gm%

TLC -13000/ μ l,

LFT, RFT-Normal

X-Ray erect abdomen:-- gas under the Rt. Dome of diaphragm.

Upper GI Scopy : shows gastric outlet obstruction. presence of a large trichobezoar, an attempt was done for removal, but it was unsuccessful.

PROCEDURE -

Emergency Exploratory laprotomy

E/o perforation on lesser curvature of stomach and 550-gms gastroduodenal

trichobezoar was removed. Post operative period was uneventful and patient discharge on day 10.

DISCUSSION

Trichobezoar is mass of hairs found in GIT, usually in stomach. Trichobezoar is seen in patients suffering from Trichotillomania.

Trichotillomania is Impulse control disorder, characterized by Strong impulse or urge to pull hairs and eat, which leads in to accumulation of hairs in the form of hair ball or mass in GIT.

The trichobezoars are usually seen in female patients.

Clinical findings seen are anorexia, malaise, vague abdominal pain, and headache may occur; weakness, weight loss, nausea, vomiting, epigastric pain, and occasionally hematemesis, gastric polyposis, and protein-losing enteropathy with steatorrhea, Iron deficiency anemia pancreatitis or transient jaundice.

Investigations of choice USG Abdomen & Upper GI Scopy.

Treatment

- ✓ Endoscopic removal of gastric bezoars
- ✓ Extracorporeal shock wave lithotripsy
- ✓ Laparoscopic removal of a large gastric trichobezoar
- ✓ Emergency Exploratory laparotomy with Gastrotomy
- ✓ Psychiatric Counseling.

RECENT ADVANCES:

- Bezotome
- Modified Lithotripter (Bezotripter)
- Electrohydraulic Lithotripsy.
- Nd YAG Laser



Endoscopic View



Perforation on lesser curvature



Intra Operative View



Trichobezoar –Wt 550gms