

A case of trichobezoar

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Introduction

A bezoar is a ball of swallowed foreign material that collects in the stomach and usually fails to pass into the intestine. Trichobezoar (hair) and phytobezoar (vegetable fibres) are the most frequent forms [1, 2]. Lactobezoars consist of curdled milk found usually in infants. The incidence of trichobezoar is very low in children. The risk of all bezoars is greater among mentally retarded or emotionally disturbed children [2, 3].

A 4-year old girl was admitted to Lady Ridgeway Hospital with a history of pica (hair, chalk, soil) for 6 months and abdominal pain of 3 days' duration. Her younger brother was 9 months old.

There was an ill-defined, firm, mobile, non-tender mass in the epigastrium and left upper quadrant of the abdomen. A CT scan of the abdomen (Figure 1) revealed a trichobezoar in the stomach. At laparotomy a large hair-ball extending from the stomach into the duodenum and



Figure 1. CT scan abdomen.

proximal jejunum (Figure 2) was removed. The patient had an uneventful post-operative period.

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Figure 2. **The hair ball retrieved at surgery.**

A psychiatrist concluded that she was a psychologically normal child, the reason for her abnormal

behaviour being severe hyperemesis of the mother and birth of a newborn child in the family.

Diagnosis of trichobezoar is based on evidence of trichophagy, abdominal mass and imaging. A CT scan of the abdomen can confirm the presence of a trichobezoar. The treatment of gastric bezoar consists of endoscopic or surgical removal. Prognosis is full recovery.

References

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