Giant trichobezoar: Rare cause of intestinal perforation

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BACKGROUND

Trichobezoar is a rare entity found in 90% of the cases in young women under the age of twenty and is often associated with psychiatric disorders. It is the second most frequent subgroup of bezoar after phytobezoar and is caused by the accumulation of ingested hair in the stomach. Patients present atypical abdominal pain aggravated after a meal, early satiety, vomiting, gastrointestinal occlusion or weight loss. Ulceration, perforation and gastrointestinal bleeding are known as rare late complications due to pressure necrosis of the intestinal wall.

CASE REPORT

We present the case of a 21 years old female refugee, who presented herself at our emergency department with acute worsening of chronic abdominal pain associated with vomiting, fever and underweight. Physical examination revealed signs of peritonitis and an extensive mass palpated in the left upper abdominal quadrant. Abdominal CT scan showed two voluminous bezoars (200x60mm) located in the corpus and antrum of the stomach (100x50mm) with an extension into the pylorus and duodenum. Exploratory laparotomy demonstrated a covered gastric perforation at the lesser curvature. A gastrotomy with extraction of the foreign bodies (total 1.5 kg) was performed, followed by an atypical resection and primary suture of the perforation site.

RESULTS

The post-operative follow-up was uneventful and the patient was dismissed home at post-operative day 14. Psychiatric follow-up has been initiated immediately.

CONCLUSION

Trichobezoar should be considered as a differential diagnosis in young female patients with aspecific chronic abdominal pain, vomiting, weight loss or signs of gastrointestinal occlusion. Gastric perforation and gastrointestinal bleeding are late and rare complications but rather serious with a mortality rate up to 30%. Immediate diagnosis and surgical treatment is very important in order to prevent further complications. Psychiatric interventions need to be initiated as soon as possible.

REFERENCES

2. Balian A. et al. EMC 2006