Case Report

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Trichobezoar in Children: A Rare Case Presenting as a Intestinal Obstruction

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Abstract

A trichobezoar is a rare condition characterized by ingestion and accumulation of undigested hair inside the gastrointestinal tract. Three and half year old male child presented with complaints of chronic abdominal pain, decreased appetite since two months. Patient also had persistent vomiting and not passed stool since 3 days. Patient posted for exploratory laparotomy with enterotomy and mass of trichobezoar was delivered. Thus, It is an important differential diagnosis to be remembered in cases of chronic abdominal pain and epigastric mass.

Keywords: Trichobezoar; Pica; Plain abdominal radiograph; Exploratory laparotomy; Enterotomy

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Introduction

A trichobezoar is a mass formed by ingestion and accumulation of undigested hair inside the gastrointestinal tract. The term bezoar comes from either the Arabic "badzehr" or Persian"pazehr" or Hebrian "beluzaar" that all mean antidote or counter poison.[2] Incidence of trichobezoar in paediatric population is around 0.4%.[3] Bezoars can be classified into many types: phytobezoar (vegetable); trichobezoar (hair); lactobezoar (milk/ curd); pills (pharmacobezoar); and miscellaneous (wool, cotton, sand, paper, etc).[4] The most frequent type of bezoar in childrens and teenage girls is trichobezoar.

We hereby reported a unique case of trichobezoar presenting as intestinal obstruction in a three and half year old boy. The purpose of reporting this case is the rare occurrence of such condition and to emphasize that early diagnosis helps in treating the condition and prevents complications.

Case Report

Three and half year old male child presented with complaints of chronic abdominal pain and decreased appetite since two months. Patient had persistent vomiting and not passed stool since 3 days.

On clinical examination, pallor was present. History of pica was present. On laboratory investigations, Hb was 7.5 gm/dl, TLC counts were 14000 cells/cu mm, platelet counts were 231000/ Cu mm. On peripheral blood smear examination, microcytic hypochromic picture was seen. Retic count was 1.6 and serum ferritin was 84 ng/ml.

Per abdominal examination-On inspection abdominal distension was present. On palpation tenderness was present in periumbilical region. Percussion findings were within normal limit. On auscultation, bowel sounds were absent.

Plain abdominal radiograph showed multiple dilated bowel loops with air fluid levels suggestive

of intestinal obstruction. USG suggestive of vague lump in periumbilical region.

Exploratory laparotomy with enterotomy was performed with removal of trichobezoar. During laparotomy, mass of trichobezoar was delivered through enterotomy with uneventful postoperative recovery and no complications were recorded. Iron supplementation was given. On follow up after 2 weeks,patient had no abdominal symptoms and there was rise in hemoglobin.

Fig. 1: Triochobezoar Visualized after Enterotomy.

Fig. 2: Plain abdominal radiograph S/O intestinal obstruction.

Discussion

Trichobezoars constitute about 55%of all bezoars of which 90% cases occur in adolescent girls. However, we reportedunique case of trichobezoar in a three and half year old boy. The digestion of human hair is not possible because of enzyme-resistant properties and due to smooth slippery surface. Subsequently, retention and accumulation of eaten hairs in between gastric mucosal folds occur which result information of hair balls.[5]

The characteristic clinical manifestations are vague and non specific. It includes nausea, vomiting, abdominal pain, weakness and weight loss.[6] Some patient may develop complications which include intestinal obstruction, gastric ulcerations, obstructive jaundice, acute pancreatitis, and gastric emphysema.[7,8]

Diagnosis of a gastric bezoar can be confirmed by radiography or endoscopy. Management is mainly surgical intervention. Management options include endoscopic removal, laproscopic removal or via laparotomy.

Conclusion

It is an important differential diagnosis to be remembered in cases of chronic abdominal pain and epigastric mass, hence history of pica should always be obtained. Early diagnosis and prompt treatment prevent complications and have a favourable prognosis.

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