**Gastric Trichobezoar about A case in Adolescent**

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**Abstract:**
We describe a case of a 14-year-old female adolescent with a history of psychiatric disorder and frontal baldness of a chronic evolution. He comes for abdominal pain of 6 months of evolution, vomiting and palpable tumor at epigastric level. High Digestive Endoscopy that confirms Trichobezoar that occupies the entire lumen of the stomach is performed. It is subjected to exploratory laparotomy, performing gastrotomy, extraction of Trichobezoar and primary gastrorrhaphy in two planes. The postoperative evolution after 3 days of not eating orally and remaining hospitalized is favorable, with recommendations to assist in controlling the postoperative period with psychiatry.

**Keywords:** Gastric Trichobezoar, Adolescence, Upper Digestive Endoscopy, Gastrotomy, Gastrorrhagia

**Clinical case:**
Female patient of 14 years, resident in rural area of the Province of Chimborazo, with a history of Behavioral Disorder, Intellectual Disability and Chronic Frontal Alopecia. Consultation for abdominal pain located in epigastrium of 6 months of evolution that increases in intensity in the last week is accompanied by vomiting of food content, as well as difficulty in eating food tolerating only liquids. Physical examination highlights difficulty to communicate before the interrogation, a zone of alopecia in the frontal region and in the abdomen an epigastric mass of approximately 10 cm in diameter that is not painful, hard and mobile.

An abdominal ultrasound was performed, which reports a 15 cm tumoration that depends on the stomach. In the simple computed axial tomography with contrast, an intragastric tumor of 20 x 9 cm was reported with absence of adenopathy and absence of free fluid.

Digestive High endoscopy reports that the stomach is occupied by Trichobezoar in its entirety from the beginning of the cardia that makes it impossible to advance with the endoscopic procedure.

- Laboratory tests report: Hemoglobin of 16 mg / dl, hematocrit of 33%, proteins 6 mg / dl, Albumin 3 mg / dl.
- Laparotomy is performed with transverse gastrotomy in the anterior or face of the gastric body, the Trichobezoar is extracted as shown in Figure 1. and primary gastorrhaphy is performed in 2 planes.
- The patient evolved favorably, being discharged on the third postoperative day with controls in outpatient surgery and psychiatry.

**Graph 1. Trichobezoar Gastric extracted**
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**Discussion:**
The so-called bezoars are collections of foreign material that cannot be digested by the stomach and intestine, seacumula in any segment of the gastrointestinal tract, but more preferably in the stomach. Its name comes from the Arabic and Hebrew with words like badzahr, pahnzahr which means antidote, case data are also described from the 2nd and 3rd centuries, according to the type of material that compose them, different types of Bezoares are described, such as Fito bezoares (the most frequent, composed of plant fibers), drug bezoars, trichobezoars containing hair.
These trichobezoars can present asymptptomatically for a long period before consulting, the most frequent location of accumulation is the stomach however when it advances in the intestinal tract it is described as Rapunzel which constitutes the most serious form of Trichobezoar. It is usually associated with abdominal obstruction, which must be resolved surgically and can become fatal and constitute a surgical emergency. It is very common in people with behavioral disorders. The highest incidence in women is also described.
It is described that the hair is trapped in the gastric folds and retained due to an insufficient friction surface, which is necessary for propulsion. Product of denaturation of hair proteins, by action of gastric juice, ingested hair always turns black independent of its original color.
Its clinical manifestations are varied, presenting asymptptomatically for a long period before going to a health professional.
Among the signs and symptoms that can be described is the sensation of early satiety, nausea, vomiting, constipation, weakness, weight loss, halitosis, hematemesus, nonspecific abdominal discomfort and obstructive symptoms. Symptoms depend on the elasticity of the stomach, the size of the bezoar and the appearance or not of complications. It is reviewed in multiple literatures and in most reviews refer that all patients present some type of psychiatric disorder, from chronic anxiety to mental retardation.
The diagnosis can be made by ultrasound, abdominal radiology, Abdominal Tomography with contrast but the best imaging method is upper digestive endoscopy by direct vision, being in some cases the possibility of being therapeutic.
A differential diagnosis could be made of the epigastric mass is with pancreatic pseudocyst, neuroblastoma, horseshoe kidney, gastric tumors, hepatomegaly and splenomegaly.
Bezoar therapy forms are described: surgical removal and endoscopic removal are the most commonly used. The choice is based on the size and composition of the bezoar, its objective being its removal and prevention of recurrence.
In the case of trichobezoars, the treatment of choice will always be surgical, accompanied by psychiatric treatment.
In the case of large and compact bezoars, since endoscopic extraction is not feasible, the surgical approach will be of choice, which may be laparoscopic or classic.
Complications include obstructive jaundice due to the extension of the bezoar into the duodenum, compromising the ampulla of enteropathy protein loser and megaloblastic anemia, associated with bacterial growth in the small intestine, ulcer, intestinal perforation, or obstruction and intussusception.

**References:**