Trichobezoar with Small Bowel Obstruction

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Abstract: Trichobezoar is a rare clinical entity. Stomach is the common site of occurrence. Intestinal obstruction due to trichobezoar is extremely rare. We report a case of subacute bowel obstruction in a 7-year-old girl which required resection of the involved ileal segment and release of small bowel adhesions. (Indian J Pediatr 1998; 65 : 761-763)

Key words: Trichobezoar; Small bowel obstruction.

Trichobezoar is a well recognised clinical entity. The most common site of occurrence is the stomach. The disease mostly occurs in children with some behavioural disorders, and is manifested by trichophagy. Few cases of small bowel obstruction secondary to dislodgement of hairball from the stomach into the small intestine have been reported. We report a case of trichobezoar in a 7-year-old girl who presented with subacute small bowel obstruction.

CASE REPORT

A 7-year-old girl presented with a history of colic abdominal pain of six months duration. She was treated earlier with antispasmodics and deworming agents. There was no history of swallowing hair or behavioural disturbances.

Examination of the abdomen did not reveal any palpable mass. Plain X-ray of the abdomen in the erect posture was normal. As the symptoms persisted, patient was subjected to laparotomy through a right mid-paramedian incision. An intraluminal mass was found 50 cms proximal to the ileocecal junction. The mass consisted of a ball of hair measuring 6 x 8 cms (Fig. 1). The ileal segment containing the mass was unhealthy with patches of gangrene. Dense adhesions were noticed between the coils of small intestine. Small bowel was perforated accidentally at four sites while releasing the adhesions. These were closed in two layers.

Postoperative course was turbulent and eventful. The patient developed a fecal fistula through the lower part of the laparotomy wound on the fifth postoperative day. She was treated with intravenous fluids and parenteral antibiotics for two weeks. The fistula healed completely, and she was discharged from the hospital three weeks after the surgery. However, a follow up six months later, revealed on incisional hernia at the lower part of the laparotomy scar.

DISCUSSION

The term “bezoar” means a mass of insoluble animal, vegetable, or mineral material...
Fig. 1. Specimen showing resected ileal segment containing the hair ball mass.

in the gastrointestinal tract. Trichobezoars are masses of hair eaten by children usually girls who have perverted appetite. Like nail biting and thumb sucking, hair biting and swallowing is a neuro-psychiatric disorder. These children may show attacks of temper tantrums and head banging. The swallowed hairs are moulded and cemented by gastric juice to a stomach shaped cast.

Over 80% of trichobezoars occur before the age of 30 years, and more than 90% have been in girls. Symptoms of trichobezoars are nonspecific and may mimic those of other pathological conditions. Gastric trichobezoars can present with loss of weight, anemia, vomiting and a palpable upper abdominal lump. In 10% cases when the hair ball is large and growing for a long time, a chronic bleeding peptic ulcer may develop on the lesser curvature of the stomach. Breakaway portions of the gastric trichobezoars may be held up in the small intestines, causing intestinal obstruction. They invariably impact the terminal ileum, grow in size by accumulation of similar pieces, fat and intestinal juices. In these cases, presence of a mass in the right iliac fossa is characteristic. This may be mistaken for intussusception or round worm mass in the children. Goyal et al have reported a rare case of small bowel obstruction caused by migration of the parent hair from the stomach.

Rapunzel syndrome is a rare manifestation of trichobezoar and is manifested by gastrointestinal obstruction caused by an unusual trichobezoar with a long tail, that extends to or beyond the ileocecal valve. Intestinal trichobezoar presenting as perforation and peritonitis has been reported in a 4 year old child by Sharma et al.

Barium meal gives a characteristic motiled and blotched appearance due to the scattering of barium in the hair ball. Upper GI endoscopy is diagnostic but trichobezoars are difficult to remove endoscopically. Gastric trichobezoars need surgical removal through gastrotomy. Percutaneous removal of trichobezoars through gastrotomies using standard laparoscopic instruments have been reported.

Trichobezoar induced intestinal obstruction is extremely rare, and is difficult to diagnose pre-operatively. Small bowel obstruction due to trichobezoars requires removal of the hair ball by enterotomy. Re-