

## Subocclusive Gastric Trichobezoar in a Patient with Trichophagia: A Case Report

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## 1. Abstract

There are multiple causes of intestinal obstruction of mechanical origin, being a rare entity in young patients without underlying organic pathology or previous surgical interventions.

The presence of a large bezoar in the gastric cavity as the origin of the obstructive condition is unusual, particularly that of trichobezoars, which is why we describe the following case

We present a 19-year-old woman with a history of anxiety-depressive syndrome and who has had a trichophagia disorder for the last year.

Given the diagnosis of gastric subocclusive syndrome with difficulty in ingestion secondary to large gastric bezoar, surgical intervention was decided to resolve the condition surgically.

## 2. Case Report

19-year-old patient, with a history of anxiety-depressive syndrome and who has had a trichophagia disorder for the last year.

Consultation due to abdominal pain and distension, weight loss and food intolerance to solids that had been going on for weeks.

On physical examination, a painless crepitant mass was palpated in the epigastrium-mesogastrium. Complementary explorations:

-Analysis: A hemoglobin of 9mg/dL stands out.

-Fibrogastroscopy: Foreign body at the entrance to the gastric chamber that does not allow the endoscope to advance.

-Abdominal CT: Foreign body that occupies the entire gastric cavity, creating a mass effect that even causes displacement of the intestinal loops (Figure 1).

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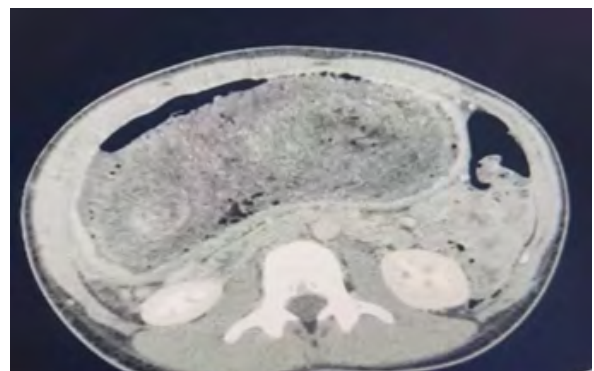
Given the suspicion of gastric trichobezoar, urgent deferred surgery was performed using an open approach, revealing a stomach with great distension and solid contents (Figures 2).

A longitudinal gastrotomy is performed on the gastric body, the clinical suspicion of trichobezoar is confirmed and the foreign body, which reaches a size of 20 x 20 cm and weighs 1850 g, is removed (Figure 3 & 4).

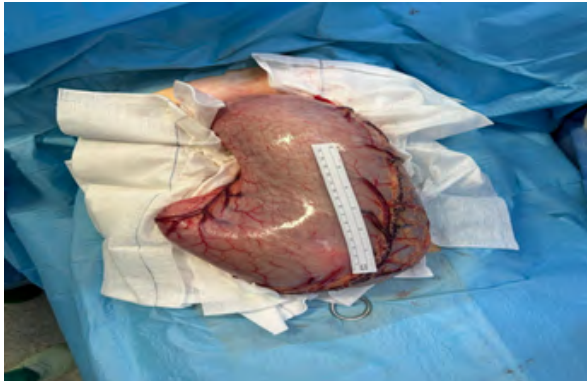
The rest of the bowel is explored if other affected segments are found.

Finding of mucosal erosion in the antrum suggestive of foreign body contact

During the immediate postoperative period, anemia was observed that required the transfusion of packed red blood cells. After this, the patient progressed well and was discharged on the 6th postoperative day with close follow-up by psychiatry.



**Figure 1:** Preoperative CT scan with Gastric cavity occupied by the bezoar



**Figure 2:** Stomach occupied by the bezoar



**Figure 3:** Gastrostomy with bezoar removal



**Figure 4:** Gastric Bezoar

### 3. Discussion

Bezoars can be classified into phytobezoars (plant fiber), chemobezoars, and trichobezoars (hair) [1]. When the latter are a rare cause of intestinal obstruction, it is known as Rapunzel syndrome [2] and can present as a surgical emergency when the occlusion is complete [3].

90% appear female, under 30 years old, emotional/psychiatric disorders

Gastric hair accumulation is favored by the presence of folds and worsens with gastric motility disorders.

Diagnosis: examination (crepitation), ultrasound, contrast x-ray or computed tomography

Surgical resolution is the treatment of choice in compact trichobezoar

Ulcerative lesions improve with removal of the bezoar

Recurrence 14-20% [1].

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