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A Case Report

**TRICHOPHAGIA CAUSING GASTROINTESTINAL
OBSTRUCTION**Muhammad Izhar¹, Ziyad Ahmad², Muhammad Abubakar³, Asfandiyar khan Mohmand⁴^{1,3,4.} Khyber Medical College, Peshawar

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Objective: Trichobezoar consists of a compact mass of hair occupying the gastrointestinal lumen to a various extent. Sometimes trichobezoar extends past the duodenum, it is referred to as Rapunzel Syndrome. Although trichobezoars are well described in terms of surgical diagnostic and procedure, usually associated with trichotillomania.

Methods: Presentation of psychiatric and physical signs and symptoms concerning the case report

Results: Report of a 7-year-old female patient with a trichobezoar submitted to surgical removal.

Conclusions: A trichobezoar represents a serious surgical condition. It is important to consider such diagnosis in face of suggestive symptoms, even if signs of trichotillomania are not present. Such issues may also be important in the study of obsessive-compulsive disorder.

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INTRODUCTION:

Trichophagia is the repeated ingestion of hair most commonly associated with compulsive hair pulling (trichotillomania), which leads to Trichobezoars. Trichobezoars are accumulations of hair casts in the stomach. Trichobezoars were first described by Baudomant in 1779 [1, 2], consisting of a compact mass of hairs, occupying the gastric cavity to a various extent. The term “bezoar” is thought to be derived from the Arabic word for antidote – “bazahr” or “badzehr”, because stones obtained from the stomach or intestines of animals were thought to have medicinal properties [3-4].

Trichophagia is likely to be the cumulative result of multiple factors, such as genetic predisposition, social environment, and neurobiological factors.

Trichobezoars present with signs and symptoms of acute abdomen and gastric tract obstruction. These include abdominal pain, nausea, bilious vomiting, hematemesis, anorexia, early satiety, weakness, weight loss and abdominal mass, depending on the degree of obstruction [5, 10, 12].

CASE PRESENTATION:

A 7-years old girl was presented by her parents to Pediatrics OPD with complaints of recurrent vomiting and satiety. She was weak and pale looking. Her vitals and general physical examinations were normal but on abdominal examination she was found to have palpable mass in left lower quadrant.

DIAGNOSIS:

On CT-Scan report, her stomach was distended and showed heterogeneous density material.

TREATMENT:

Anterior Gastrotomy was performed and trichobezoar was removed.



Figure 1



Figure 2



Figure 3



Figure 4

PERSONAL HISTORY:

The patient belonged to poor family comprising of seven members. There was no any psychiatry history in her family. Her father was a farmer and her mother was a house-wife.

DISCUSSION:

Trichophagia is commonly associated with psychiatric issues that is anxiety, depression, stress etc. These hairs accumulate in GI tract forming Bezoar which leads to GI tract obstruction. Later this case present with abdominal distension, satiety, Nausea and vomiting. Psychiatric evaluations with proper follow ups should be done in such cases to avoid recurrence.

CONFLICT OF INTEREST:

None

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