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RESEARCH ARTICLE

ILEAL TRICHOBEZOAR: A CASE REPORT

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Abstract

Trichobezoar is a condition characterized by the formation of concretions from hair in the digestive tract, mainly located in the stomach. This condition primarily affects adolescents troubled by psychological disorders. We report a case of a young girl admitted to the gastroenterology department for epigastric pain and vomiting, whose esophagogastroduodenoscopy showed no abnormalities before presenting to the emergency room with an obstructive syndrome. The patient underwent emergency surgery, during which the trichobezoar was surgically removed through an enterotomy with a simple postoperative course. Psychological care was recommended for her, which is the key element in preventing recurrence.

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Introduction:-

Trichobezoar is a rare condition referring to the unusual presence of hair in the form of a solid mass in the digestive tract, mainly located in the stomach.

There are rare forms extending to the duodenum or small intestine. This pathology often affects adolescents with psychological disorders.

The treatment is primarily surgical, combined with psychological care. We report a case of ileal trichobezoar, revealed by an obstructive syndrome.

Patient and Observation:-

This is a 17-year-old female patient with a history of hospitalization in the gastroenterology department three months ago for epigastric pain and two episodes of refractory vomiting. She underwent an upper gastrointestinal endoscopy, which was normal. She presented to the emergency department with abdominal pain and vomiting for one week, along with cessation of stool and gas for the past 48 hours

The general examination reveals a pale and anxious patient, hemodynamically and respiratory stable. The abdominal examination shows diffuse bloating with a soft abdomen and no palpable masses. The rectal examination reveals a full rectal ampulla.

The biological workup was normal except for hyponatremia 129 mm /l. HB = 11 et Leukocytosis 12500.

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Figure 1:- Plain abdominal X-ray showing a small bowel air-fluid level.

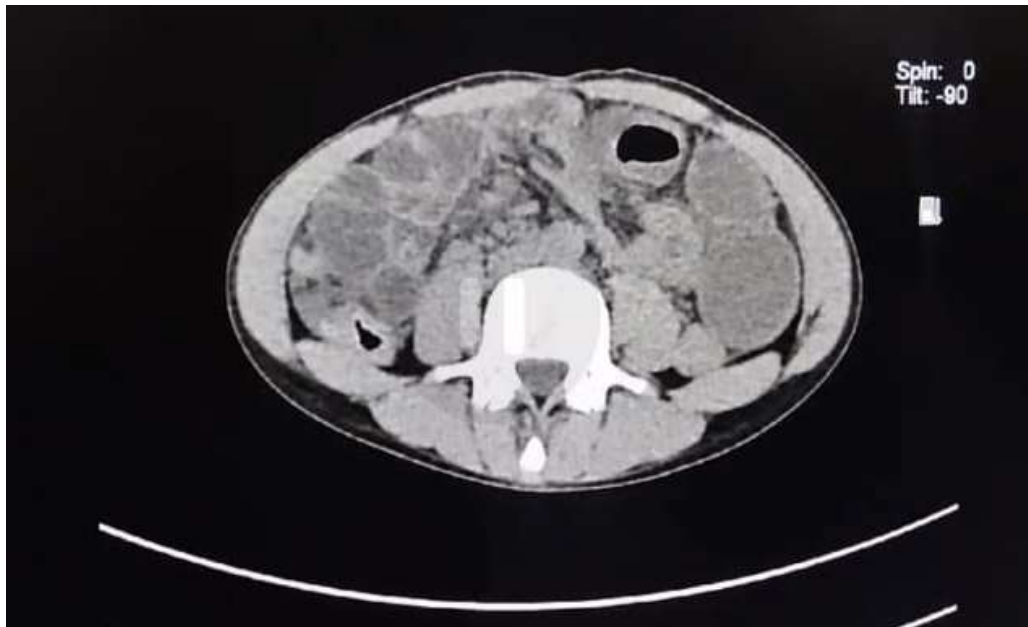


Figure 2:- The abdominal CT scan shows distension of the small intestine, downstream from a zone of caliber disparity in the terminal ileum.

The plain abdominal X-ray shows small bowel air-fluid levels.(figure1)

The abdominal CT scan shows distension of the small intestine measuring 35 mm with a non-homogeneous area, downstream from a zone of caliber disparity in the terminal ileum. (figure2).The patient underwent an enterotomy with extraction of a trichobezoar.(figure 3,4).

The postoperative course was uneventful, and the patient was referred to psychiatry for further management.



Figure 3:- Preoperative Imaging of an Ileal Trichobezoar.



Figure 4:- Enterotomy with Extraction of the Trichobezoar.

Discussion:-

Trichobezoar is a rare condition, with a strong female predominance (80% of cases), and a peak incidence between the ages of 10 and 19 [1]. This condition is often associated with psychological disorders in only 9% of cases [2]. Trichobezoar most commonly resides in the stomach but can extend to the small intestine, and even to the transverse colon, thus creating the Rapunzel syndrome [3], [4]. In our case, it was localized solely in the ileum. The clinical symptoms are non-specific.

Long asymptomatic, it can present with abdominal pain, nausea, vomiting, belching, foul breath, bowel disturbances, weight loss, and anorexia [5]. It may be revealed following serious complications such as upper gastrointestinal bleeding due to ulceration, peritonitis from digestive perforation, intestinal obstruction, acute intestinal intussusception, or acute pancreatitis [6].

Conclusion:-

Trichobezoar is a rare condition whose treatment is exclusively surgical, and psychiatric management is crucial to prevent recurrence.

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