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A Giant *Gastrojejunal Trichobezoar: About A Case*

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Abstract **Case Report**

A gastric bezoar is a foreign materiel occur in the stomach & can be extended through duodenum, jejunum and colon. Trichobezoar, is an underdiagnosed entity, has to be considered in children and adolescents (especially females suffering from trichotillomania and trichophagia). The disease is usually underdiagnosed so showed by threatening complications: occlusion, bleeding of perforation. The present report concerns a 19-year-old girl presenting with abdominal pain. On the abdominal exam an acute peritonitis which rapidly evolved to septic shock and an emegercy laparomy was performed, by supraumbilical laparaotomy and anterior gastrotomy objictived peritonitis jejunal perforation caused by large gastrojejunal trichobezoar. Acute peritonitis following hollow viscus perforation caused by tichobezoars is an therapeutic emergency in order to avoid visceral spillage, peritonitis & mortality.

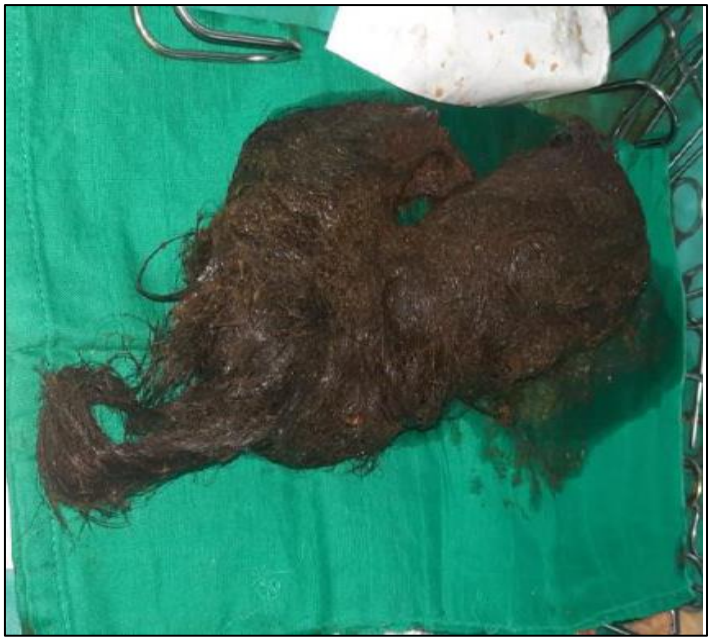
Keywords: Gastrojejunal Trichoezoar, peritonitis, laparotomy.

INTRODUCTION

A gastric bezoar is a foreign materiel occur in the stomach & can be extended through duodenum, jejunum and colon. Trichobezoar, is an underdiagnosed entity, has to be considered in children and adolescents (especially females suffering from trichotillomania and trichophagia). The disease is usually underdiagnosed so showed by threatening complications: occlusion, bleeding of perforation The gastric trichobezoar is a rare condition that consist on the unusual presence of hair, in the form of a solid mass, in the the stomach. Most often asymptomatic, its diagnosis is essentially based on fibroscopy. Its treatment is essentially surgical.

OBSERVATION

A 19-year-old girl, with history of occasiobal trichophagia,presented for 3 months before her admission to the emergency department a chronic epigastralgia. On her admission, she was in a state of septic shock with on abdominal examination: abdomina guarding. An early resuscitation was performed & X-Ray abdomen revealed free gas under the right dome of the diapgram before she underwent surgery. Intra operative findings : purulent fluid , jejunum perforation ,a giant gastric trichobezoar wich have a long tail that extends from the stomach to the duodenum. The surgical procedure consisted of a gastrotomy, extraction of the gastric trichobezoar and extraction of the intestinal trichobezoar Suture of the jejunal perforation and the gastrotomy by separate stitches, peritoneal lavage and drainage. The patient was shifted to the surgical intensive care where she had a refractory septic shock and succumbed on the 4th day.



DISCUSSION

Gastrointestinal perforation and trichobezoar are rare entities. Trichobezoar is a rare condition, the female sex is the most affected (90% of cases) and the age of onset is in 80% of cases less than 30 years old, with a peak incidence between 10 and 19 years old [1]. It is most often gastric but can extend to the small intestine, or even to the transverse colon [2]. In our patient, it is of gastric and jejunal location. The trichobezoar can remain asymptomatic for a long time or manifest itself by epigastric discomfort (80%), abdominal pain (70%), nausea or vomiting (65%), asthenia with weight loss (38%) or transit disorders (33%) with diarrhea or this pathology can be revealed by a complication [4]. It may be an upper gastrointestinal hemorrhage due to parietal ulcerations, mechanical gastric or small bowel obstruction [5, 6], gastric or small bowel perforation with peritonitis or subphrenic abscess [6, 7], digestive fistula [7, 8], cholestasis or acute pancreatitis due to obstruction of the ampulla of Vater [9, 10]. On clinical examination, in 85% of cases, there is a mobile abdominal mass in the epigastric region. Alopecia may also be noted. Our patient has no abdominal mass or alopecia, she has guarding of the abdomen. The diagnosis is based on gastroscopy, which remains the examination of choice. It can sometimes be of therapeutic interest by allowing the endoscopic extraction of small trichobezoars [4]. However, this extraction is in the majority of cases impossible, even dangerous because of the volume of the trichobezoar. Plain abdominal X-ray may show a dense or heterogeneous rounded mass with or without calcification projecting onto the gastric area [11]. Abdominal ultrasound only allows the diagnosis to be made in 25% of cases, by visualizing a superficial, hyperechoic, curvilinear band with a clear posterior cone of shadow [12, 13]. In CT scan, the trichobezoar is visualized as a form of a heterogeneous mobile intraluminal mass [14, 15]. Several therapies have been reported in the literature. Thus, in the presence of a small trichobezoar, some authors suggest endoscopic extraction. In addition to incomplete treatment, these methods expose to a risk of iatrogenic complications, particularly esophageal complications, or intestinal obstruction on a trichobezoar fragment. The treatment is therefore often surgical. Surgery allows the exploration of the entire digestive tract, the extraction of the gastric trichobezoar through a gastrotomy, as well as the extraction of any extensions or fragments blocked away from the stomach through one or more enterotomies [16, 17]. In addition, psychiatric care must often be instituted in patients.

CONCLUSION

The trichobezoad is a rare entity, the diagnosis is confirmed by esogastroduodenal fibroscopy, the radiological exploration particularly by the CT scan is useful. The treatment modality remains to be surgery;and long term follow-up with psychiatric consultation is important.

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