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CASE REPORT

Trichobezoar in Two Children

by

E.M. HALIMUN, E.KANDOUW, A. ARIANTO and S. SAFIUN

(From the Harapan Kita Hospital, Jakarta)

Abstract

Two cases of trichobezoar in females of 11 and 12 years respectively have been presented. Trichophagia as a common habit or it could be a sign of emotional tension. Etiological clues should be sought and the underlying stress be removed and ameliorated.

Introduction

A massive accumulation of hair in the gastrointestinal tract is known as trichobezoar. Even history of hair pulling (trichotillomania) or hair eating (trichophagia) among children with emotional problems are not unusual in pediatric out patient or psychology clinics. However, complications of these hair balls in the lumen of the GI tract such as obstruction, mucosal hemorrhage or perforation are very rare. We would like to present a report of two cases of trichobezoar with complications.

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Case report

Case 1

An 11 years old Chinese girl was admitted on September 20, 1980 with the chief complaint of severe abdominal pain and fecal vomiting for two days. She had otherwise been well until a week prior to admission when she started having a poor appetite. Physical examination showed a well nourished female with a body weight of 40 kg who was slightly dehydrated. The abdominal examination revealed clear signs of intestinal obstruction. The hematological findings were within normal limits. Erect plain abdominal radiography showed no evidence of a mass but revealed multiple air fluid levels (Figure 1). With the diagnosis of intestinal obstruction, an exploratory laparotomy was performed. The small intestine was blocked by a mass inside the Meckle diverticle. The intestine with the diverticle was resected and an end to end anastomosis performed. A black hair ball measuring 15 x 5 x 5 cm was found inside the resected segment (Figure 2). The child had an uneventful recovery and was discharged 8 days post operation.

Three years later (1983), her grand mother, 65 years old, was operated in another hospital with acute intestinal obstruction due to trichobezoar. Apparently both cases had the same habit of swallowing hair.

Case 2

A 12 years old Chinese girl was admitted on October 27, 1985 with a diagnosis of acute intestinal obstruction. The chief complaint at the time of admission was abdominal pain and vomiting. The present illness was apparently of acute onset, be-ginning with vomiting and recurrent abdo-minal pain for the last two years. The patient presented restlessness, she was well nourished (48 kg) but moderately dehydrated. Abdominal examination showed definite signs of intestinal obstruction, which was proven by X-ray plain films (Figure 3). An exploratory laparotomy was done on the following day. The entire small intestine was distended, the distal ileum was blocked by a hard mass. A black 20 x 5 x 8 cm hair mass weighing 450 gram, was removed .On day - 4 post operation she was started on oral fluid. During hospitalization she did not cooperate well with the people around her, anger was obvious when her father was with her. On day-18 her condition deteriorated not tolerating oral feeding. On day-21 signs of peritonitis appeared and free air in the abdominal X-ray was detected. At the second laparotomy, perforation of the cardia was found and a small mass of hair was removed from the stomach. Recovery from the second operation occurred uncomplicated and she was discharged 10 days afterwards.

Psychosocial history : The patient was the eldest child in a family of three children. There were marital problems between her parents. Her father was planning to remarry if only he could divorce her mother.

Follow up : After the surgical problem had been overcome, the patient together with her parents were referred to the psychology clinic for an appropriate psychological evaluation and treatment.

Figure 1

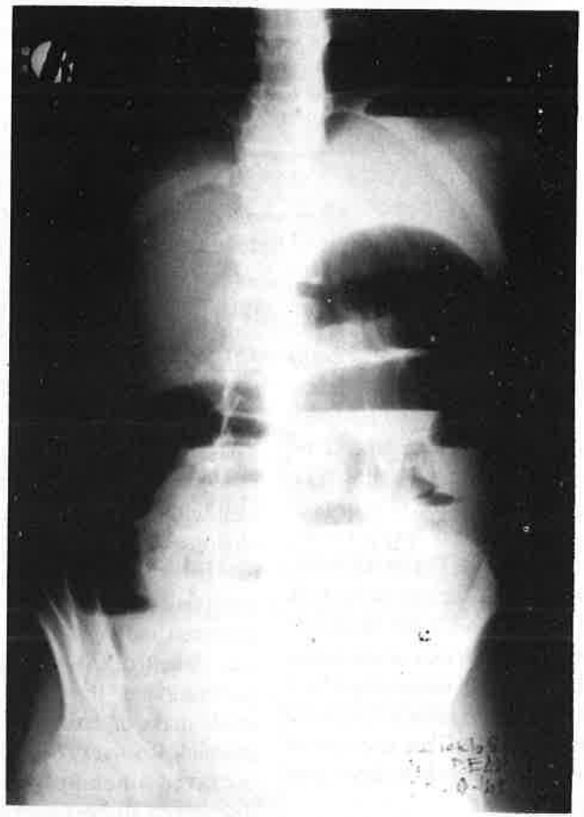


Figure 2

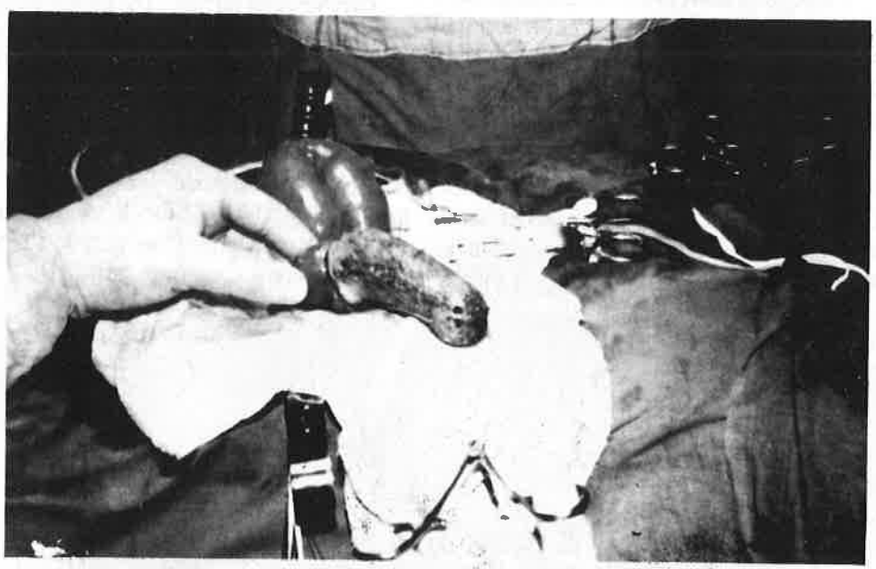


Figure 3

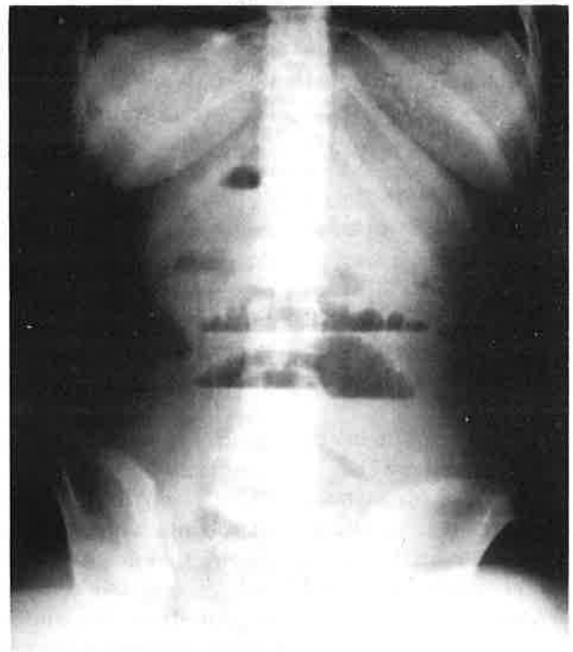
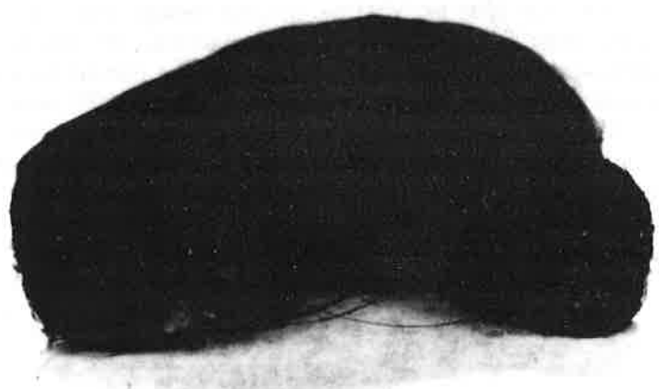


Figure 4



Discussion

Trichobezoar with complication is relatively rare. It represents a condition which is to be considered in the differential diagnosis of gastrointestinal disorders occurring during childhood. In a comprehensive review article, De Bakey and Ochsner (1939) collected 171 cases of trichobezoar adding one of their own [1]. They found that more than half of the cases (55 percent) occurred in patients under 20 years and more than 90 percent were females. Our two cases were 11 and 12 years, both girls of Chinese origin.

Clinical presentation mentioned in the literature are trichophagia, alopecia [1,2,3], recurrent abdominal pain [4,5,6], anorexia especially for solid food [4], vomiting, constipation alternating with diarrhea [4,5], anemia [3,4,7], loss of weight [2,5], and palpable abdominal mass [2,5,7,8].

The site of GI complication is mostly in the stomach, such as partial gastric outlet obstruction [1,2,4-6,8,9] mucosal hemorrhage, anemia [2,3,7], and gastric perforation [8]. Only a view cases are with small intestinal obstruction [1,6].

Case 1 presented with acute intestinal obstruction, the hair ball filled the Meckle diverticle and the ileum. In case 2, the first surgery was due to small intestinal obstruction and the second was for the gastric perforation. Small accumulation of hair in the stomach was not detected on the first surgery and it actually acted as continuous chronic irritation to the gastric mucose, added with postoperative stress and emotional problems might be the cause of perforation.

Diagnosis of GI complication with the recent advanced imaging services has been facilitated. Upper GI series with Barium and sonographic finding are enough to discover the cause of partial obstruction and the presence of intraluminal mass. Upper GI endoscopy is also used to explore the stomach.

The pre operative diagnosis of our two cases were based only by three position plain abdominal X-ray, since the presentation were acute intestinal obstruction.

There is no doubt that the treatment of trichobezoar with GI complication is surgery. However, evaluation of underlying etiology and post operative comprehensive treatment is important. We should emphasize to consider emotional disturbances and the psychological aspect of the condition.

The first case in this report was a girl who was nursed by her grandmother who had the habit of trichophagia. The child's behavior imitated that of her grandma. Post operative long term follow up revealed uneventful.

The second case was a girl of 12 years, an introvert female with a 2 years on going family problem. We sent this patient together with her parents to the psychology clinic. Last year (1990), on her 18th birthday, she married a young healthy man. It is hoped that she can overcome all her problems afterwards.

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