

An Interesting Case of Tricho-Bezoar (Rapunzel Syndrome)

Shalmi Kharapurkar¹, Dipti Chand², Atul Rajkondawar²

ABSTRACT

Trichobezoars (hair ball) are usually located in the stomach, but may extend through the pylorus into the duodenum and small bowel (Rapunzel syndrome). They are almost always associated with trichotillomania and trichophagia or other psychiatric disorders. In the literature several treatment options are proposed, including removal by conventional laparotomy, laparoscopy and endoscopy. Psychiatric consultation is necessary to prevent relapses.

Key-words : Trichobezoar, Trichotillomania, Rapunzel syndrome, Therapy

Case Report :

A 13 years old boy with HIV positive status, was admitted with complaints of diarrhoea and fever since three days. He had acquired HIV infection vertically from his mother and was on anti-retroviral therapy. He was deaf and mute since the birth itself. On examination patient was thin built, averagely nourished. His vital parameters were stable. On per abdomen examination he had a palpable lump of about size 2 cm × 4 cm in the epigastric region. On investigations, His complete blood count was normal with Hb - 10gm%, TLC - 8,000 Plt - 120,000. The liver and renal parameters were within normal limits. USG of abdomen was reported normal. CECT of abdomen revealed Heterogenous intraluminal mottled structure in stomach, duodenum extending till the proximal jejunal loops - suggestive of Bezoar and mesenteric lymphadenopathy.

The patient being deaf and mute, history of eating objects in childhood could not be obtained. After stabilisation and control of diarrhoea, patient was posted for laproscopic removal of Bezoar.

Discussion :

A bezoar is an indigestible conglomeration trapped in the gastrointestinal tract. The formation of a bezoar is a relatively infrequent disorder that affects

the gastrointestinal system. Bezoars are mainly classified into four types depending on the material constituting the indigestible mass of the bezoar : phytobezoars, trichobezoars, pharmacobezoars, and lactobezoars.¹ Human hair is resistant to digestion as well as peristalsis due to its smooth surface. Therefore it accumulates between the mucosal folds of the stomach. Over a period of time, continuous ingestion of hair leads to the impaction of hair together with mucus and food, causing the formation of a trichobezoar. In most cases the trichobezoar is confined within the stomach. In some cases, however, the trichobezoar extends through the pylorus into jejunum, ileum or even colon. This condition, called Rapunzel syndrome, was first described by Vaughan *et al.* Other psychiatric disorders, such as mental disorders, abuse, pica, obsessive compulsive disorder, depression and anorexia nervosa may be associated with trichobezoar. When not recognized, the trichobezoar continues to grow in size and weight due to the continued ingestion of hair. This increases the risk of severe complications, such as gastric mucosal erosion, ulceration and even perforation of the stomach or the small intestine. In addition, intussusception, obstructive jaundice, protein-losing enteropathy, pancreatitis and even death have been reported as complications of (unrecognized) trichobezoar in the literature. Endoscopic fragmentation or surgical removal should be applied in urgent cases, such as those manifesting gastrointestinal bleeding and / or ileus, and patients with refractory bezoars.¹

¹Junior Resident, ²Associat Professor
Department of Medicine, Government Medical College, Nagpur

Address for Correspondence -

Dr. Dipti Chand

E-mail : dachand.ngp@gmail.com

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CT scan showing intraluminal bezoar - mottled appearance with hyperdense rim and particles within stomach, extending upto proximal jejunal loops.



Long Tricho-Bezoar after removal



References :

1. Masaya Iwamuro, Hiroyuki Okada, Kazuhiro Matsueda, Tomoki Inaba, Chiaki Kusumoto *et al*; Review of the diagnosis and management of gastrointestinal bezoars; *World Journal of Gastroenterology*; Apr 16; 7(4): 336-345.
2. R. R. Gorter, C. M. F. Kneepkens, E. C. J. L. Mattens, D. C. Aronson, H. A. Heij; Management of trichobezoar : case report and literature review; *Pediatr Surg Int*. 2010 May; 26(5): 457-463.