

# Letter to the Editor

## Giant gastric trichobezoar: A direct indication to surgery

*Dear Editor,*

bezoars are concretions of undigested foreign bodies that can be formed in the gastrointestinal tract because of abnormal digestive anatomy or motility, such as peptic or post-operative strictures and post-vagotomy syndrome<sup>1</sup>. Furthermore, psychiatric patients with trichotillomania/trichophagia behaviour can present trichobezoars of various morphology and dimensions<sup>2,3</sup>. Also, occasional cases of bezoars due to uncommon foreign bodies such as chewing-gum and concentrated milk formulas have been reported<sup>4,5</sup>. Clinical manifestations vary depending on the location and dimensions of bezoars from no symptoms to occlusive or perforating complications. There are no certain data about the therapy of choice for bezoars, thus they are treated variously by gastric lavage, enzymatic dissolution, endoscopy (removal, disruption, etc) and surgery<sup>6,7</sup>.

Hereby we report the last case of gastric bezoar we diagnosed at our Division.

On the May 2005, a 14 year-old girl came to our observation because of a 3 months history of epigastric pain and vomiting. She had lost 4 kilograms in the previous 2 months. The clinical examination of abdomen showed a mass in the epigastric/mesogastric region with pain exacerbation at deep palpation. The laboratory tests were normal, while at abdominal sonography it was appreciated an ovoid formation with well-delineating margins and air content. Thus, the patient underwent upper endoscopy showing a gastric bezoar extended from fundus to the angular region of the stomach. The large dimension of the foreign body prevented its endoscopic removal in spite of multiple attempts of partial disruption by bioptic forceps and loops for polypectomy.

The suggestion of the hair composition of the bezoar was confirmed by a focused anamnestic reevaluation that highlighted the presence of a trichotillomania/trichophagia behaviour. Accordingly, a psychiatric consultancy evidenced that our patient was affected by a slight mental retardation with an obsessive-compulsive disorder. A barium X-ray performed after 5 days confirmed the presence of the giant gastric bezoar, excluding an additional involvement of the bowel. At conclusion, the young patient was indicated to surgery for the removal of the foreign body. Gastrotomy was performed and a 21- x 6- x 3-cm (weight ~ 600 g) trichobezoar was delivered intact (Figure 1). Pathological examination of the bezoar confirmed a composition of hair. The patient was discharged in well-being conditions on the 8th post-operative day and was referred to a psychiatric follow-up. At now, she does not show clinical, sonographical or endoscopic signs of recurrence and/or associated gastro-intestinal disease.

Gastric bezoars can be the result of the accumulation into the stomach of milk formulas, vegetable fibres, chewing-gum, hair, etc, with the nature of the ingested being crucial for the subsequent therapeutic approach. In fact, some types of bezoars (phytobezoar, milk formulas, etc) can be treated conservatively by gastric lavage, enzymatic dissolution with acids or Coca-Cola and endoscopic removal<sup>7,8</sup>. On the contrary, trichobezoars, and particularly the giant ones, usually need a surgical intervention. Even if many cases of gastric trichobezoars have been previously reported, only about fifteen cases of the giant format are well described in literature, all regarding young women with a variety of psychiatric disorders<sup>9,10</sup>. In all cases the definition of "giant" refers to a bezoar extended from fundus to the angular region of the stomach at least, with a morphological organization in form of the gastric cavity. In all the pub-



**Figure 1.** Trichobezoar (21- × 6- × 3-cm; weight ~ 600 g) after gastrotomy.

lished cases various conservative therapeutical approaches failed, so that surgery was needed. Surgical removal of trichobezoar by gastrotomy was effective and safe in all instances. As a consequence, giant gastric trichobezoars should be considered as a direct indication to surgery without any other therapeutical attempt.

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A. Rispo, E. Di Girolamo, G. Bevilacqua\*,  
A. Cozzolino, G. Sullo\*, E. Risolo\*\*, L. Pasquale

Gastroenterology, \*Surgery, \*\*Pediatry, Hospital of Ariano Irpino (Italy)