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Case Report

Small Bowel Obstruction on Children: It's Not Obvious to Think about Trichobezoar!

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Abstract

Trichobezoars are foreign bodies composed of hair or fibers impacted in the stomach or the intestine. Trichobezoars are rare causes of small bowel obstruction in children.

Here in, we describe a case of a girl aged of 7 years old who presented with a small bowel obstruction due to a trichobezoar injestion. She had double intestinal localisation with no gastric trichobezoars and she was treated by a single enterotomy.

Keywords : *Trichobezoar ; Bowel ; Obstruction ; Children*

Introduction

A bezoar is an accumulation of indigestible exogenous matter (hair or fibers) in the stomach or intestine [1]. Many different types of bezoars have been described, including phytobezoars, pharmacobezoars, and trichobezoars. Trichobezoars are an unusual cause of outlet obstruction in pediatric emergency [2]. In fact trichobezoars typically occur in the stomach and rarely affect the small intestine causing small bowel obstruction [3].

In this report, we describe a case of an atypical localization of a trichobezoar in a 7 year-old girl who presented with small bowel obstruction.

Reported case

A 7 year-old girl presented to the emergency room with a history of epigastric and periumbilical pain of 2 days duration. She had bilious vomiting without fever. Abdomen was distended with tenderness in the epigastric area. Plain abdominal radiograph showed dilated small bowel loops with air-fluid levels.

Laboratory data shows an anemia with 9 g/dl hemoglobin but no inflammations signs and normal amylase and lipase.

Laparotomy revealed a mass of 5 cm in the proximal jejunum at 10 cm of the Treitz angle and a second one of 4 cm at 15cm of the coecum.The first trichobezoare was removed through an enterotomy (Figure 1,Figure 2) the second was pouched to the coecum. There was no connection between the two Trichobezoars and there were not any bezoar in the stomach.

The patient was discharged with no recurrence of symptoms. Child psychiatry was consulted postoperatively and out patient therapy was arranged.

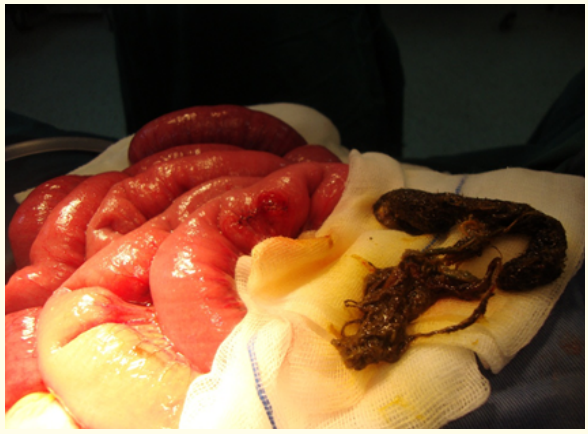

Figure 1&2: *Enterostomy from which we remove the first trichobezoare.*

Conclusion

Trichobezoar is a rare clinical entity. In most cases trichobezoars are present in the stomach, only rarely reaching into the small intestine. Intestinal obstruction due to trichobezoars is extremely rare [4]. Various imaging modalities have been recommended for revealing the pathology (US, CT-Scann). The upper GI contrast radiography and upper endoscopy are the procedures of choice to confirm de diagnosis [5]. However we should first think about this diagnosis in case of occlusion. Early surgical intervention, by a single enterotomy or resection of the bowel if not feasible, is the only satisfactory treatment for large or complicated Trichobezoars and carries a low mortality [6].

Recurrence is common without treatment of the underlying disorder (trichotillomania with associated trichophagia [7].

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