

IMAGES IN CLINICAL MEDICINE

Trichobezoar

A PREVIOUSLY HEALTHY 18-YEAR-OLD WOMAN PRESENTED with a 5-month history of pain in the left upper quadrant of the abdomen, abdominal distention, postprandial emesis, and weight loss of 18 kg. Physical examination revealed a firm, tender, epigastric mass but was otherwise unremarkable. Computed tomography showed a large gastric mass extending from the fundus to the antrum (Panel A, arrow), with no indication of obstruction of the gastric outlet. Esophagogastroduodenoscopy revealed a large bezoar occluding nearly the entire stomach, without extension into the duodenum (Panel B). On questioning, the patient stated that she had had a habit of eating her hair for many years — a condition called trichophagia. Owing to the large size of the trichobezoar (37.5 by 17.5 by 17.5 cm), endoscopic removal was not attempted. Laparoscopic removal was attempted; however, conversion to an open procedure was required to completely remove the 4.5-kg trichobezoar (Panel C). The patient was tolerating a general diet by postoperative day 5 and was discharged to her home, with psychiatric and surgical follow-up. One year after the surgery, she has no abdominal pain or vomiting. She has regained approximately 9 kg of body weight and reports that she has stopped eating her hair.

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