CASE REPORT OPEN ACCESS

# Ileal Trichobezoar In A Boy With Cerebral Palsy

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*ABSTRACT* 

Trichobezoar is a compact mass of hair that occupies stomach. When the tail of this mass extends into small bowel it is called Rapunzel syndrome. Isolated trichobezoar in small bowel is rare. In this study we report a boy of cerebral palsy who presented with symptoms of intestinal obstruction. On exploration he had two large masses obstructing distal ileum and were removed.

Key words

Trichobezoar, Hairball, Intestinal obstruction. Ileal bezoar.

# **INTRODUCTION:**

The word "Trich" of trichobezoar is a Greek word which means hair and "bezoar" is derived either from Persian or Arabic, means an antidote, Baudamant, a French physician first described a case of trichobezoar. In some cases, hairballs extend from the stomach into the small intestines or even the colon: this condition is called the Rapunzel syndrome. 1 This syndrome was first described by Vaughan and his colleagues.<sup>2</sup> In humans, the most common type of bezoar is the trichobezoar. Trichobezoars, unlike other bezoars, are not associated with alterations in gastrointestinal motility but with underlying psychiatric disorders, and most commonly present in adolescents and during the second decade of life. Rapunzel syndrome is an unusual and rare form of trichobezoar extending into the small intestine.3

Trichobezoar may be suspected based on history and clinical examination of the patient. Surgery is the preferred mode of treatment since medications are ineffective in dissolving a trichobezoar. Delay in diagnosis may lead to complications including malnutrition, intestinal obstruction, ulceration with bleeding. In this article we report a patient with isolated ileal bezoers which is rare.

### **CASE REPORT:**

An 18 year old boy of cerebral palsy referred from

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a primary care hospital presented in emergency department with poorly localized abdominal pain and distension for 10 days along with diarrhea and vomiting. He also had history of epilepsy diagnosed three years back. Patient was underweight and vitally stable. On abdominal examination mild distension was noted. No mass was palpable. Routine investigations were advised. CBC showed neutrophilic leukocytosis, raised CRP and uric acid level, with decrease sodium, potassium, calcium and phosphorus levels. LFT was normal. X-ray abdomen supine view showed markedly dilated small bowel loops with thickened, prominent valvulae conniventes. No free air was seen. Gastrografin follow-through showed markedly dilated small bowel loops with thickened edematous mucosal folds, thickened walls of small bowel, the appearance suggestive of small bowel obstruction at the level of distal ileum / ileocecal region (ICR).

Surgery was planned after initial stabilization. An exploratory laparotomy two trichobezoars of size 10cm x 5cm x 6cm and 6cm x 4cm x 4cm were found



Figure I: Trichobezoars extracted from the ileum

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1.5 feet and 1 feet proximal to ICJ respectively with complete obstruction of the lumen (Fig I). Small bowel proximal bezoars it was dilated and large bowel found collapsed. Bezoars were removed through enterotomy. Multiple enlarged mesenteric lymph nodes were present and biopsy taken for histopathology. Postoperative recovery was uneventful.

# **DISCUSSION:**

Trichobezoar is an indigestible material that accumulates in digestive tract. Most patients with trichobezoars suffer from psychiatric disorders. Trichophagia (eating of hair) rarely leads to trichobezoar. Patients with developmental disabilities can also develop trichobezoar. Bezoars can cause anorexia, nausea, vomiting, weight loss and a feeling of fullness after eating only a little food. Bezoars can also cause gastric ulcers, intestinal bleeding and obstruction. Small bezoars may pass through stomach into small bowel.

Small bowel bezoar are not common. Our patient had cerebral palsy and presented with intestinal obstruction. In neurologically impaired boys chances of bezoar and foreign bodies in gastrointestinal tract are high. Thus a high index of suspicion must be exercised in these patients as to the presence of bezoar. A long term follow up and treatment of associated conditions is important in such patients.

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