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# Gastric Trichobezoar in a 9-Year-Old: A Case Report

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## ABSTRACT

A 9-year-old girl presented with a one-year history of abdominal pain, nausea, and vomiting. Examination revealed abdominal distention and hair thinning. Imaging and endoscopy confirmed a large gastric trichobezoar, which was not amenable to endoscopic removal. She underwent successful surgical extraction via laparotomy, with an uneventful recovery and discharge in stable condition.

**Keywords:** Gastric trichobezoar, trichophagia, bezoar, intragastric mass

## 1. INTRODUCTION

Trichobezoar is a condition in which a mass of ingested hair accumulates in the gastrointestinal tract, most commonly in the stomach. While typically composed of the patient's own hair, other sources such as animal fur or carpet fibers may contribute. The condition is often associated with psychiatric disorders like trichotillomania and trichophagia (Kuhn and Mezoff, 2011; Rishi et al., 2006).

Although rare, trichobezoars can cause serious complications including gastric ulceration, obstruction, perforation, and pancreatitis (Kuhn & Mezoff, 2011). Most reported cases involve adolescent females (Rishi et al., 2006; Aziz and Albina, 2019; Al-Skaini and Seleem, 2000). This report presents a case in a young girl who presented with a large gastric trichobezoar requiring surgical intervention.

## 2. CASE REPORT

A 9-year-old girl presented with a one-year history of abdominal pain, persistent nausea, and episodes of vomiting. On general examination, she was alert, conscious, and appeared well. She was oriented with normal speech. Her temperature was 36.3 °C, blood pressure 90/60 mmHg, and pulse 121 beats per minute. Her weight was 28 kg, height 129 cm, and body mass index (BMI) was 16.8.

Inspection of the scalp revealed thinning of the hair. The abdomen was distended, soft, and lax, with mid-abdominal tenderness. No added bowel sounds were noted. Chest and cardiac examination was normal. Laboratory evaluation was performed on admission (Table 1).

Table 1: Laboratory findings

Test	Result	Unit	Normal Range
WBC	6.45	10 <sup>9</sup> /L	5 – 15
RBC	4.53	10 <sup>12</sup> /L	3.9 – 5.2
HGB	11.6	g/dL	10.5 – 15.5
HCT	35.7	%	30 – 45
MCV	78.7	fL	75 – 95
MCH	26.9	pg	27 – 31
MCHC	34.3	g/dL	31 – 36
PLT	385.0	10 <sup>9</sup> /L	150 – 450
MPV	11.0	fL	7 – 11.5
Sodium	136	mmol/L	139 – 145
Potassium	3.8	mmol/L	3.4 – 4.7
CO <sub>2</sub>	19.4	mmol/L	21 – 32
Chloride	104	mmol/L	98 – 107
BUN	3.2	mmol/L	1.8 – 6.6
Creatinine	32	μmol/L	27 – 62
Anion Gap	19.35	mmol/L	10 – 20
Uric Acid	312	μmol/L	140 – 320
Calcium	2.28	mmol/L	2.2 – 2.7
Magnesium	0.82	mmol/L	0.7 – 1.0
Phosphorus	1.57	mmol/L	1.1 – 1.52

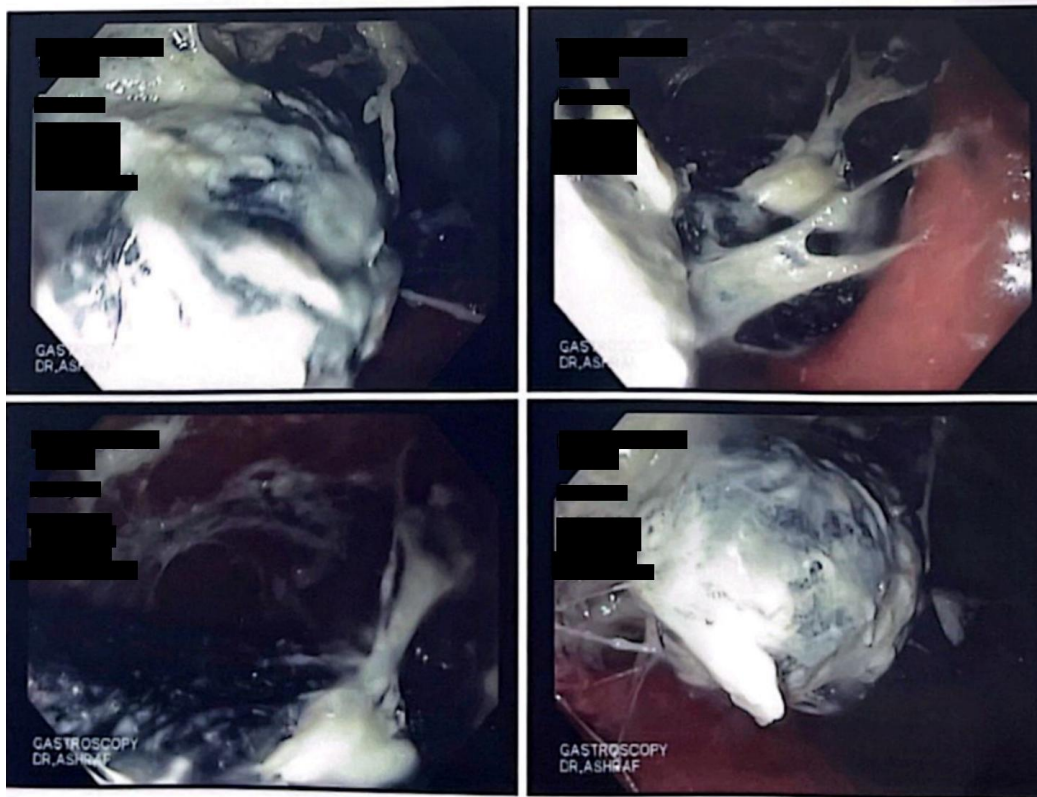


Figure 1: Endoscopic images showing an intragastric trichobezoar (Personal information of patient was masked).

CT imaging of the abdomen revealed a heterogeneous mass occupying the stomach. Endoscopy confirmed the presence of a large hair mass that could not be removed due to its size and density (Figure 1). The patient subsequently underwent laparotomy for complete removal of the trichobezoar (Figure 2). The surgery was successful and the patient had an uncomplicated postoperative recovery. She was discharged in stable condition.



**Figure 2:** Surgically removed trichobezoar.

### 3. DISCUSSION

Trichobezoars are uncommon but potentially serious causes of gastrointestinal symptoms in children. While often linked with psychiatric disorders, they may present subtly and without a clear behavioral history (Rishi et al., 2006; Aziz and Albina, 2019). Clinical suspicion should remain high in cases of chronic gastrointestinal complaints, particularly when signs such as scalp hair thinning are present.

### 4. CONCLUSION

Our patient, a 9-year-old girl, presented with chronic abdominal pain, nausea, and vomiting and was found to have a large gastric trichobezoar. She underwent successful surgical removal via laparotomy. Postoperatively, patient was discharged in stable condition without complications.

#### Author's Contributions

Shahad M. Alkhonezan: Manuscript writing and editing.

Reema M. Alkhonezan: Manuscript writing and editing.

Dr. Ashraf A. Abdulrahim: Supervised the pre-and post-operative management of the patient and was involved in manuscript writing.

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#### Informed consent

Written & Oral informed consent was obtained from patient's guardians.

#### Ethical approval

Not applicable.

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#### Conflict of interest

The authors declare that there is no conflict of interest.

#### Data and materials availability

All data associated with this study will be available based on the reasonable request to corresponding author.

## REFERENCES

1. Kuhn BR, Mezoff AG. Bezoars. In: Wyllie R, Hyams JS, editors. *Pediatric Gastrointest Liver Dis*. 4th ed. Philadelphia: W.B. Saunders; 2011; 319-322.e1.
2. Rishi M, Elhousieni M, Mishra A, Ehtuish EF, Hanesh A. Trichobezoar. *Saudi Med J*. 2006;27(7):1057-9.
3. Aziz I, Albina. Gastric trichobezoar: A case report. *Haya: Saudi J Life Sci*. 2019;4(1):68-73.
4. Al-Skaini MS, Seleem MI. Trichobezoar: A rare cause of acute bowel obstruction. *Saudi Med J*. 2000;21(6):585-6.