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Trichobezoar causing gastric outlet obstruction in a patient with trichotillomania

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A 19-year-old patient with a 4-year history of trichotillomania[1] was admitted to our Unit for chronic abdominal pain, weight loss and non-tender epigastric mass. Computed tomography (CT) scan showed a mass occupying the entire gastric cavity and extending into the duodenum, consistent with a bezoar (Figure 1a,b). Upper GI endoscopy confirmed the presence of a trichobezoar[2], revealing Rapunzel syndrome. Owing to the size of the bezoar and the significant duodenal involvement, endoscopic treatment was excluded, and the patient underwent a laparotomic gastrotomy with complete removal of the bezoar (Figure 1c,d). Post-operative endoscopy confirmed successful extraction of the foreign body and excluded ulceration due to the decubitus of the bezoar. Additional work-up showed a severe iron deficiency anaemia (hemoglobin 7.3 g/dL, transferrin saturation 5% and ferritin 1 ng/mL) out of proportion with the other nutritional markers. Hence, suspecting a pica disorder[3] in a patient with iron deficiency, further causes including coeliac disease were investigated but tested negative. Therefore, iron deficiency was attributed to the reduced food intake that occurred in the months preceding the hospital admission. At discharge, the patient was referred to the division of Psychiatry and no iron deficiency recurred at 26 months follow-up.

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CONFLICT OF INTEREST STATEMENT

No conflicts of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

INFORMED CONSENT

Consent has been received.

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Valentina Adotti and Martina Rosi shared the first authorship.

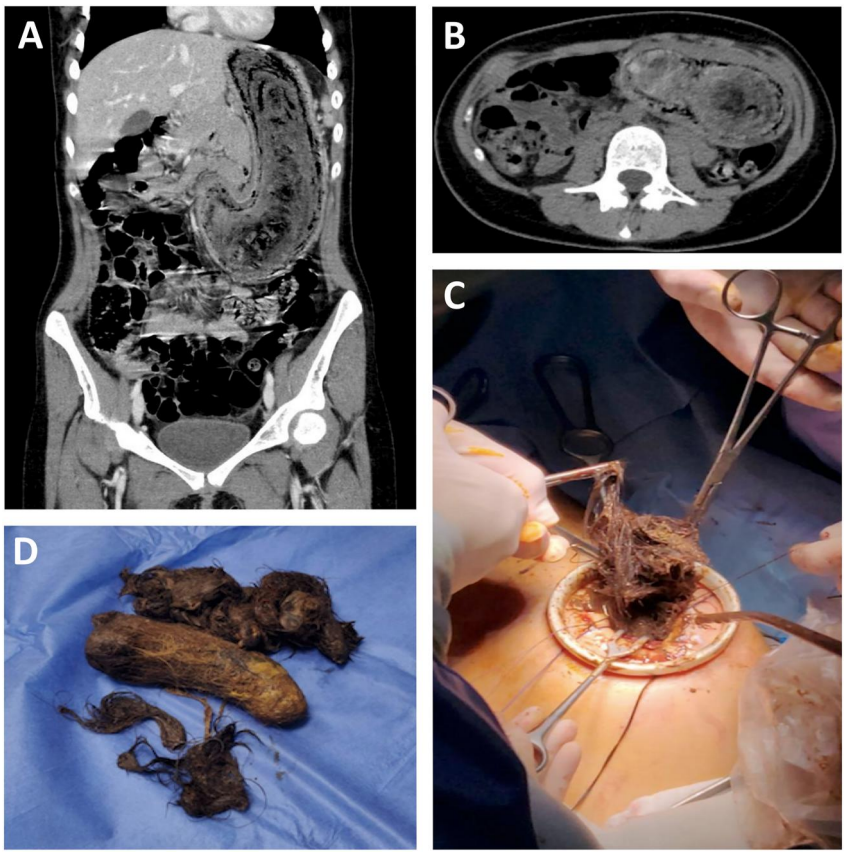

FIGURE 1 Axial (a) and coronal (b) computed tomography scan demonstrating a heterogeneous and multilayered gastric mass, molded by the stomach, extending into the first part of the duodenum, with a maximum diameter of about 4.5 cm, compatible with ingested material; (c) removal of the trichobezoar through laparotomic gastrotomy; (d) the recovered trichobezoar (approximate weight 500 g).

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