

Trichobezoar

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Occasionally, infants and children, particularly those who are disturbed or mentally retarded, acquire the habit of swallowing hair from their head or from dolls or brushes, or may swallow fur, wool or cotton from wearing apparel or blankets. This material is usually passed through the intestines, but when the habit is persistent, there may be an accumulation in the stomach with formation of a hair ball or trichobezoar(1). Trichobezoar is the commonest type of bezoar and about 200 cases have been reported in the literature(2). We report a child with such a habit disorder.

A 9½-year-old girl was admitted to the Command Hospital with complaints of lump in upper abdomen of 25 days duration. For the last one year the parents had noticed that the child had been plucking her hair and putting them into her mouth and she had passed hair in stools. About 5 months back a similar type of lump was noticed which had disappeared after purgation. She had no other complaints.

On examination the child weighed 17 kg. She was pale and had dependent edema. There was a lump in epigastrium extending to both the hypochondria. It was firm, smooth, nontender, measuring 20 cm by 10 cm. Clinical examination did not reveal any other abnormality.

The other two sibs, 16 yesar and 5½-year-old were normal and healthy. The patient was studying in class II and had left school for the last one year. There was no stress factor in the family.

Investigations revealed a hemoglobin level of 6.5 g/dl, protein 3.4 g/dl, albumin 1.8 g/dl. Stool examination did not reveal any hair. Plain X-ray abdomen showed a soft tissue mass outlined by gas in the stomach. Ultra sound abdomen showed a foreign body in the stomach. Barium meal showed an irregular filling defect.

Psychiatric evaluation of the patient indicated impulse control disorder with the intelligence quotient 70 for which she was given imipramine orally in a dosage of 25 mg at bed time for 1 month. Following gastrotomy, hair ball measuring 18 cm × 8 cm × 5 cm, weighing 230 g was removed, confirming the clinical suspicion of trichobezoar.

Trichobezoars have continued to fascinate and bewilder the clinicians over the centuries with their bizarre presentations. Symptoms are often absent or there may be vague abdominal pain and halitosis. The mass is often palpable per abdomen. A portion of the bezoar may be dislodged and subsequently become impacted in the intestine and cause obstruction(3,4). The diagnosis may be suspected from observation of

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the stool, or of the child in the act of swallowing these materials. A barium meal will show a gastric filling defect. After the meal has left the stomach some barium usually remains adherent to the surface of the bezoar producing a mottled shadow of variable density. Once diagnosed, the surgical removal is indicated. The child's mental and psychological status should be evaluated.

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Phytobezoars in Infants

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Phytobezoars are compact masses of undigested vegetable materials including fibres, skins, seeds, leaves, roots or stems of plants (phyton) glued together inside the stomach(1). In extensive reviews by Debakey and Ochsner(2,3), most of the cases of phytobezoars were found to be due to the ingestion of persimmon fruits. Other unripe

REFERENCES

1. Shandling B. Bezoars. *In: Nelson Text book of Pediatrics*, 11 edn. Eds Behrman RE, Vaughan VC, McKay RJ. Philadelphia, WB Saunders Co, 1979, p 1065.
2. Saxena C, Bhat N, Nagi B, Narsimharao KL, Mitra SK, Mehta S. Bizarre trichobezoars. *Indian Pediatr* 1986, 23: 734-737.
3. Narsimharao KL, Chatterjee H, Srivastava KK, Jayashankarappa BS. Intestinal obstruction due to habit disorder. *Indian Pediatr* 1983, 20: 213-214.
4. Rao PLNG, Kumar V, Pathak IC, Mitra SK. Small bowel trichobezoar with obstruction and perforation. *Indian Pediatr* 1979, 16: 1041-1043.

fruits like oranges, prunes, coconuts, etc. are also known to be associated with the formation of bezoars and concretions(4). Kendu fruits, found in many parts of India have been reported to be the probably cause of phytobezoars in some cases(5,6).

Phytobezoars are not considered common in children and because of its relative rarity, the diagnosis is often overlooked(7). Three cases below the age of one year fed on milk, rice bran and bananas only are reported here.

Case Reports

Case 1. A male baby aged 11 months presented to us with a swelling in the upper abdomen and vomiting of one month duration. On examination, the baby was anemic, malnourished and irritable. There was a smooth lump in the epigastrium, mobile from side to side and firm in consistency. Plain X-ray of the abdomen showed a soft tissue opacity in the region of the stomach.

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