Introduction

A bezoar is an accumulation of exogenous matter in the stomach or intestine. The word “bezoar” comes from the Arabic word “bedzehr” or the Persian word “padzhar,” meaning “protecting against a poison.” Historically, bezoars from animal guts were used as precious stones, antidotes to poisons, and today as part of traditional Chinese medicine. Bezoars are classified according to their composition into trichobezoars (hair), phytobezoars (vegetable), and lactobezoars (milk/curd), and miscellaneous (fungus, sand, paper, etc). The most frequent type of bezoar in adults is phytobezoar, while trichobezoars are more often found in children and teenage girls. Trichobezoar is the formation of a hair ball in the stomach after compulsive eating of hair (trichophagia). It is a rare condition that is reported most often in females, which may be attributed to their traditionally long hair. Trichophagia is considered a subtype of pica. The latter is a more general term defined as “the persistent eating of non-nutritive substances.”

Case report

Patients with sickle cell disease are susceptible to experiencing pica including, in rare occasions, trichophagia that could lead to formation of a trichobezoar, resulting in serious abdominal complications which are likely to be confused with ordinary vaso-occlusive pain crises. Here we present the rare case of gastric trichobezoar in a 9 year old girl presented to our emergency department with severe acute abdominal pain, vomiting, fever, anorexia, and irritability. Laboratory tests showed a Hb level of 10g/dl, marked leucocytosis (34,000/ml) with absolute neutrophilia, normal liver and kidney function tests, normal serum ferritin, and normal serology. Plain X ray chest and abdomen (erect) were ordered which showed diffuse dilatation of the stomach and proximal duodenum that were filled with mottled radiopaque contents. There was also left sided air under diaphragm (pneumoperitoneum). Abdominal ultrasound showed an irregular mass with hyperechoic arc-like surface seen in epigastric region with marked posterior acoustic shadowing and marked hardness under probe, mild amount of fluid collection at the lesser sac and free intra peritoneal, in addition to mild splenomegaly. Abdominal CT without contrast was revealed marked dilatation of the stomach with mottled hyperdense structures within its lumen extending to the first part of the duodenum, mostly of collection or concretion of indigestible materials that accumulate and coalesce in the stomach. By correlating the radiological findings with the patient's history of trichophagia, a gastric trichobezoar with early gastric perforation was suggested.

Conclusion:

It can be concluded that children with sickle cell anemia are liable to develop psychiatric symptoms including trichotilomania, leading to trichobezoar that can produce abdominal pain which is easily confused with a usual pain crisis. It is thus imperative to search for surgical causes of pain in patients presenting with a non-classic clinical picture.