

## Trichobezoar causing recurrent gastric ulcer and perforation

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A 17-year-old girl was admitted to the hospital with a 1-day history of increasing left-sided chest discomfort and upper abdominal pain. Five years ago, the patient underwent surgery for gastric perforation caused by a large trichobezoar.

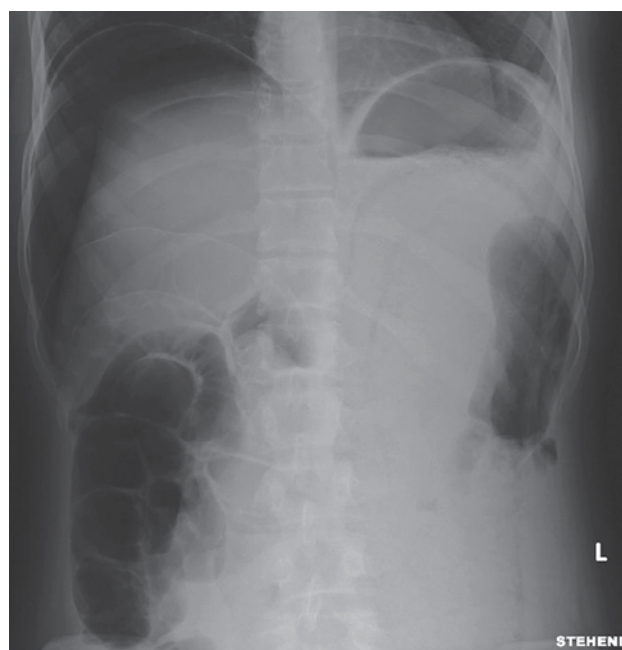
Physical examination revealed signs of an acute abdomen with rebound tenderness and pain on removal of pressure to the abdomen. Body temperature was 38°C. Laboratory examination revealed a leukocyte count of  $12.4 \times 10^3/\mu\text{l}$ , and C-reactive protein was 225.7 mg/dl. On abdominal X-rays, free gas was visible in the abdominal cavity indicating gastrointestinal perforation (Fig. 1). Surgery revealed a giant trichobezoar measuring a length of 50 cm and a diameter of 10 cm (Fig. 2). A peritoneal wash and closure of perforation were performed. The postoperative course was complicated by a subphrenic abscess on day 6 requiring relaparotomy and drainage. The patient was treated with antibiotics, and further recovery was uneventful.

A bezoar is a conglomerate of undigested material in the gastrointestinal tract and is most commonly found in the stomach. Bezoars are classified into several main types according to the composing material such as phytobezoars (undigested vegetables), trichobezoars (hair), lactobezoars (milk), and pharmacobezoars (drugs). In general, bezoars are rare findings, and a trichobezoar is the most common type. Most cases of trichobezoars have been described in girls with long hair and may result from trichotillomania, the compulsive urge to pull out one's own hair and trichophagia, the obsessive eating of hair.

### Conflict of interest

O. John and J. Auer declare no conflict of interest.

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**Fig. 1** Abdominal X-rays showing free gas in the abdominal cavity indicating gastrointestinal perforation



**Fig. 2** Surgical removal of a giant trichobezoar measuring a length of about 50 cm and a diameter of 10 cm