Giant gastric bezoar presenting as an acute abdominal emergency

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A 13-year-old girl with neurofibromatosis presented to the ER with emesis and anorexia for 3 days. A firm epigastric mass was palpated on physical examination. The rare diagnosis of gastric neurofibroma was suspected. Supine abdominal radiograph demonstrated mottled lucencies distending the

Fig. 1 Supine abdominal radiograph

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Fig. 2 CT abdomen coronal reconstruction

stomach and simulating a large, recently ingested meal (Fig. 1). CT revealed a mixed air and soft-tissue density intraluminal gastric mass, confirming the diagnosis of a gastric bezoar (Fig. 2). Subsequently, our patient admitted to habitually ingesting foam and hair. Patient's IQ was normal.

Up to 90% of trichobezoars occur in girls younger than 20 years. Common associations are mental retardation, pica, and trichotillomania [1]. Gastric bezoars often present with acute symptoms and sometimes respond to conservative or endoscopic therapy [2]. In our patient, the bezoar was removed via open surgery forming a cast of the stomach (Supplementary materials available with this article online).

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