

Trichobezoar: A rare cause of hyperemesis in a pregnant woman.

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Objective

This case report reinforces awareness of the diagnostic challenge posed by trichobezoars in young pregnant women as a differential diagnosis of hyperemesis gravidarum.

Case Report

An 18-year-old young girl was admitted with severe vomiting at 14 weeks of gestation. She was admitted on two previous occasions with a similar history. She was discharged on oral antiemetics and supplements, but was unable to tolerate these medications. In the absence of any other systemic signs, the abdominal pain was thought to be due to gastritis and proton pump inhibitors and liquid antacids. Symptoms persisted.

She was commenced on hydrocortisone as per guidance, with which her vomiting subsided and nausea improved. She continued to complain of severe upper abdominal pain which did not subside despite antacids and morphine. As she had not opened her bowel for 4 weeks, an enema was administered but with no effect.

Bowel sounds were noted to be sluggish. Her serum lactate was normal. She underwent an emergency MRI that revealed an intestinal obstruction.

She underwent an emergency laparoscopy that was converted to laparotomy. Small bowel obstruction was identified due to a 6x4 cm ball of hair (*Figure 2*) that was removed after a jejunostomy. Post-op recovery was uneventful. Retrospectively, she, revealed that she had been in the habit of sucking on her hair over the past two years, especially while watching television.

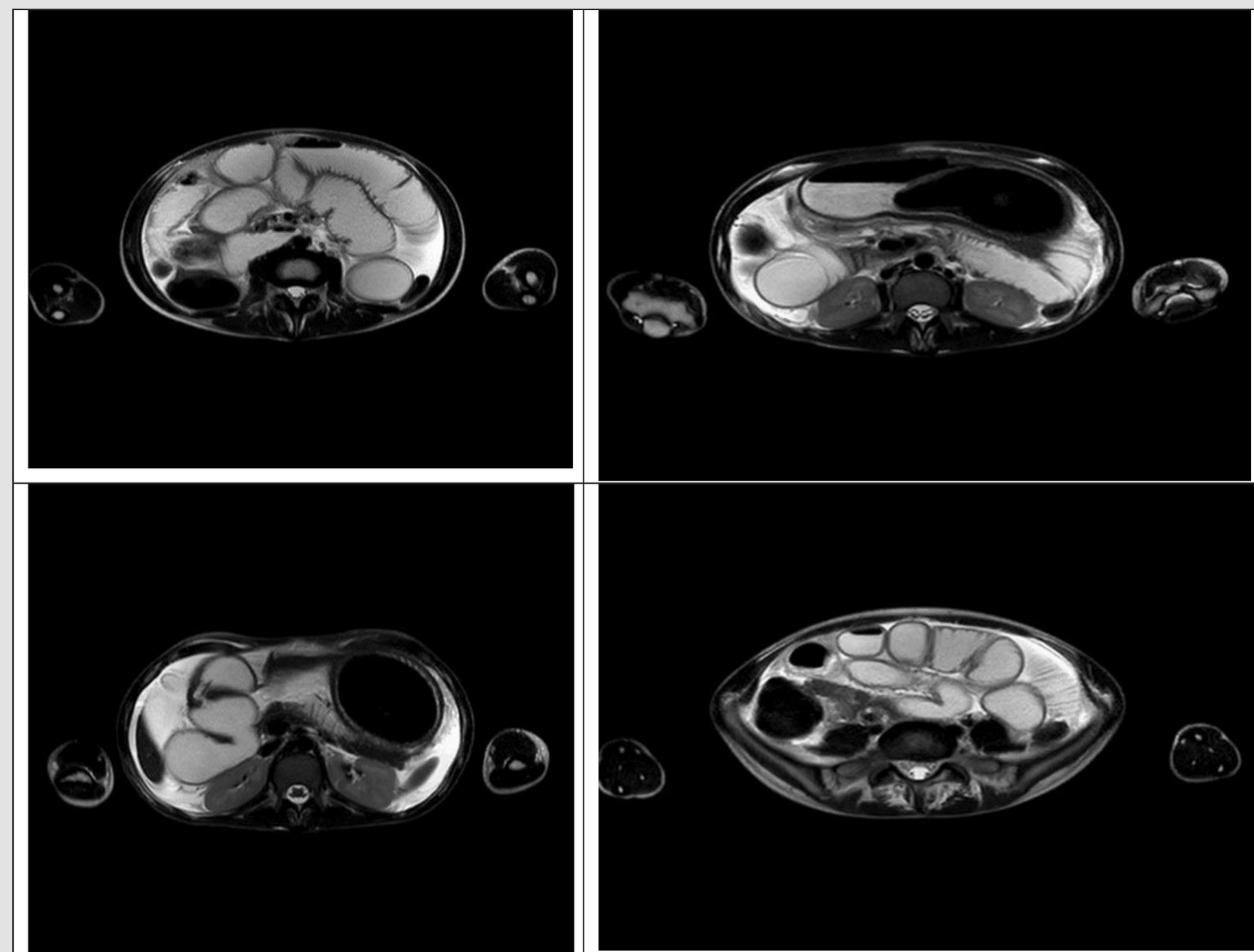


Figure 1: Magnetic Resonance Images showing Trichobezoar.

Discussion

Nausea and vomiting in pregnancy (NVP) affect up to 80% of pregnant women and is one of the most common indications for hospital admission among pregnant women [1]. Hyperemesis Gravidarum (HG) is the severe form of NVP, which affects about 0.3–3.6% of pregnant women. HG is characterised by severe, protracted nausea and vomiting associated with weight loss of more than 5% of pre-pregnancy weight, dehydration and electrolyte imbalances [1].

This case report describes a case of trichobezoar diagnosed in pregnancy in a young woman being treated for hyperemesis. There are few cases reported in the literature and very few associated with pregnancy [4].

Trichobezoar is a rare condition, usually diagnosed in children and young girls. It is commonly seen in young girls between 10-19 years [2]. It can be asymptomatic at early stages and the severity depends on the level of obstruction. Diagnosis of trichobezoar is usually dependent on the disease history, examination, diagnostic modality including CT scan, MRI, upper Gastrointestinal (GI) endoscopy [3]



Figure 2:
Trichobezoar removed
from patient.

Conclusion

This case highlights the importance of excluding other pathology before a diagnosis of hyperemesis is made. Exploring her past history especially the duration of her abdominal pain may have pointed to a pre-existing condition and prompted imaging appropriate to identification of the condition prior to her acute presentation. Refeeding syndrome is rarely seen in hyperemesis but can be life threatening and must be managed via a multidisciplinary team approach.

References

- 1) Shehmar M, MacLean MA, Nelson-Piercy C, Gadsby R, O'Hara M. Management of nausea and vomiting in pregnancy and Hyperemesis gravidarum. Green top Guideline 2016;69.
- 2) Shahab MA, Shahab A, Javid S. Management of Rapunzel Syndrome in a Four-month Pregnant Female with Twins: The First Reported Case. Cureus 2018;10(7). <https://doi.org/10.7759/cureus.3039>. Published 2018 Jul 24.
- 3) Belsky J, Whitcomb V, Zimmerman E, Stankovic C. Rapunzel syndrome: diagnosis via radiograph and history. Pediatr. Emerg. Care 2014 May;30(5):352–3.
- 4) Salem M, Fouda R, Fouda U, Maadawy ME, Ammar H. Rapunzel and pregnancy. South. Med. J. 2009;102(1):106–7. <https://doi.org/10.1097/SMJ.0b013e31818987b9>.