A Novel Technique for a Rapunzel Syndrome

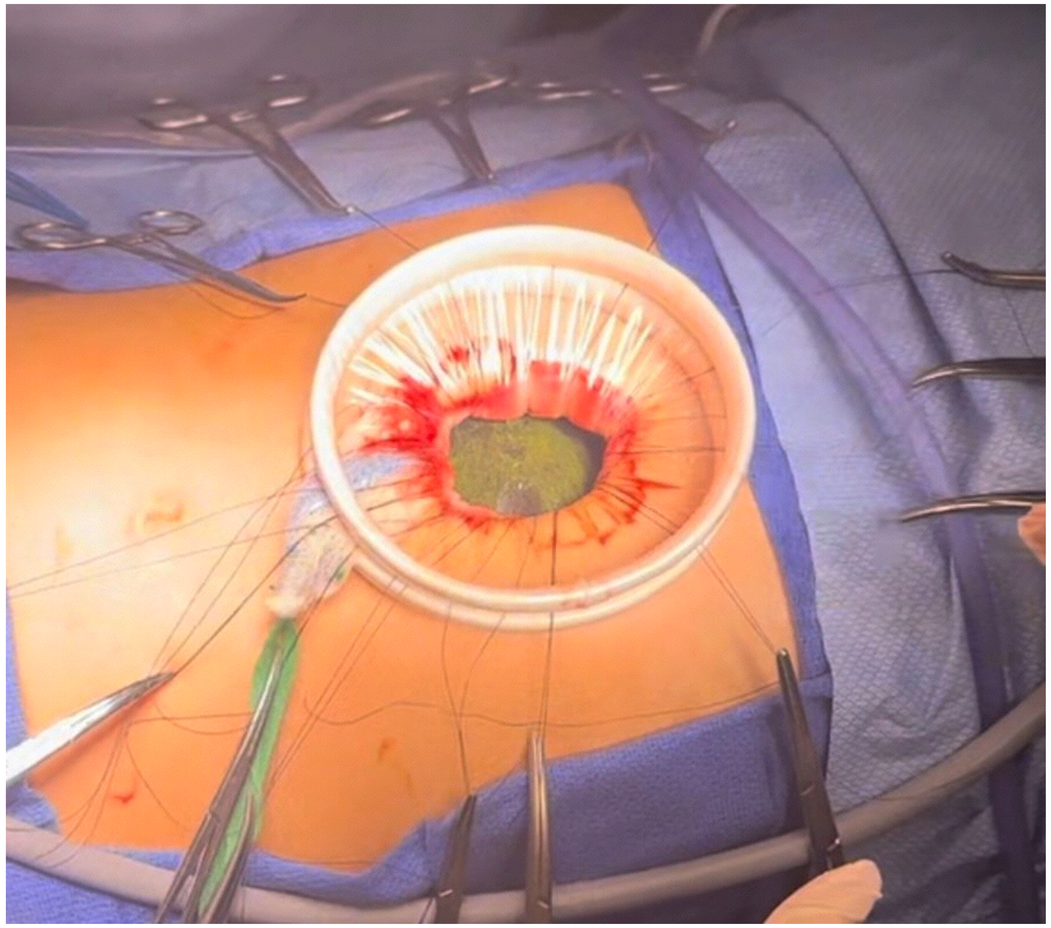
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Introduction

Rapunzel syndrome was first described in 1968 and is characterized by the prolongation of a gastric bezoar into the duodenum and/or jejunum. This can result in intestinal obstructions and perforations. The standard approach to removal is through a sizable midline laparotomy and gastrotomy with exposure of intragastric contents to the abdominal cavity. We herein describe the removal of a large bezoar through a mini laparotomy and gastrotomy using two Alexis Wound Retractors.

Case Presentation

A 3 year old female was brought to the emergency department by her mother with a one month history of lethargy, nausea, vomiting, and five pound weight loss. Blood work was remarkable for a leukocytosis of 11.4 and anion gap of 16. A computed tomography scan of the abdomen and pelvis showed a distended stomach. The patient underwent a fluoroscopy study which showed a large gastric bezoar with delayed emptying of contrast from the stomach into the duodenum. The patient failed conservative management with nasogastric tube and bowel regimen. The decision was made to proceed with surgical intervention.



Method

We used an upper midline mini laparotomy incision to gain access to the abdominal cavity through which we placed an Alexis Wound Retractor (Applied Medical, Rancho Santa Margarita, CA, USA). The stomach was identified and traction sutures were placed for better control. A temporary, secure gastrotomy was performed and a second Alexis Wound Retractor was placed within the lumen of the stomach. The bezoar was gently removed in continuity.

Conclusion

A small mini laparotomy incision and two Alexis Wound Retractors were used to remove a large and extensive bezoar. The clinical course was favorable. This method is safe and effective for the removal of large gastric bezoars. No other special equipment is required. This method allows for a secure and direct intragastric access, providing an excellent exposure for the removal of any size bezoar.