

A Foreign Body Abdomen-TRICHOBEZOAR

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Clinical Image

A 7 year old female brought to OPD with complaints of: Pain abdomen since 2 months, Vomiting since 2 days. Child was apparently asymptomatic 2 months back, when she developed pain abdomen diffuse, gradual in onset, intermittent, with dragging kind of pain, not radiating with no relation to posture and food intake, no aggravating and relieving factors were observed and associated with vomiting out food contents, non-bilious and non-projectile vomitings

about 2 to 3 episodes per day since 2 days. On general examination, the child is conscious, coherent, afebrile, pallor present, no cyanosis, koilonychia, clubbing, lymphadenopathy and cyanosis. Bilateral air entry equal, no adventitious sounds heard and the PR is 96/min and RR is 24/min was observed in Respiration examination and S1, S2 heard, no murmurs were observed during Cardiovascular examination.

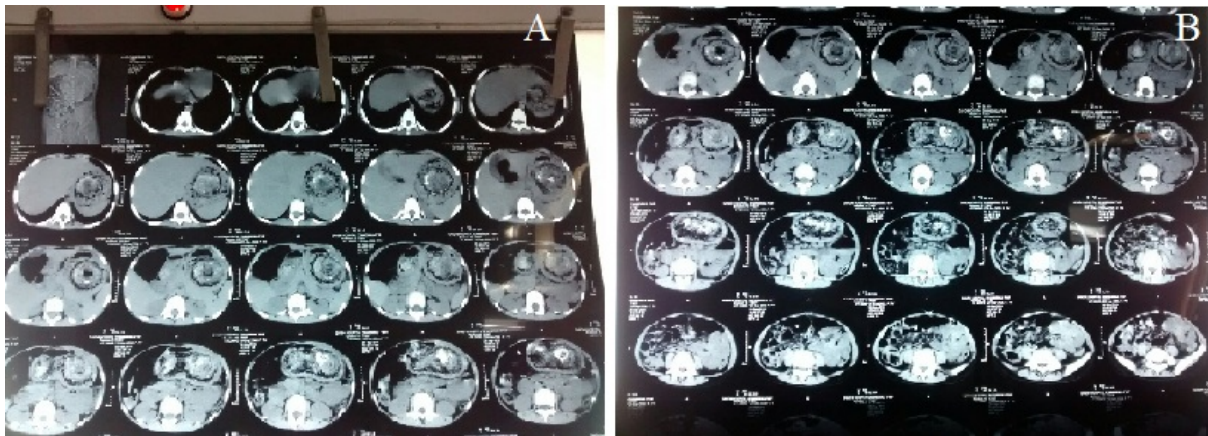


Figure 1: MRI scan report showing abnormality in abdomen.

On case suspecting study the following examinations were done to the child

On inspection by MRI scan, distended abdomen is observed.

On palpation

Soft, palpable liver 2 cm under the right costal margin which is extending up to epigastrium and hard in consistency, continuous smooth margin, Spleen not palpable and on Provisional diagnosis, pain abdomen for evaluation is observed.

Diagnosis history

No history of loose stools, constipation, fever, jaundice, rash, bleeding manifestations and any worms in stools.

Past history and family history

No history of similar complaints in the family and in the past

Antenatal and postnatal history

Born to nonconsanguineous parents, first in birth order, cried immediately, birth weight of 2.5 kg after birth and there is no history of Neonatal ICU admission.



Figure 2: Laparotomy.

Immunization and developmental history

Immunized well according to the NIS schedule and Developmental milestones attained appropriate for age.

On clinical diagnostics the reports show the following results such as Hb- 10.5 gm%, Tlc-6800, N 60, L30, E4, M6, Platelets: adequate, CUE: puscells: 1 to 2/hpf, Epithelial cells: 1 to 2/hpf, HIV, HBsAg: non-reactive, RBS: 83, B.UREA: 18, Serum Creatinine: 0.8, Na 138 k 3.5 cl 102.

USG abdomen showed grossly distended stomach with e/o solid structure noted in stomach with posterior aortic shadowing. Laparotomy was done to the child by opening the abdomen in two layers, and trichobezoar (hair bulk) which is occupying entire stomach is removed from the stomach and both the abdomen and stomach are closed in two layers, and Hemostasis is secured.

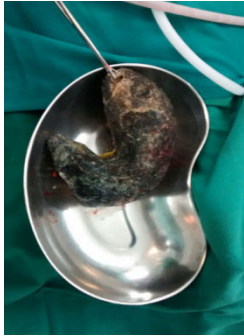


Figure 3: Specimen of trichobezoar (hair bulk) in shape of stomach and filling it was observed and dissected.