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(CASE REPORT)

Hematemesis, alopecia and epigatric mass: What to think of?

El Hamraoui Imane [1], Hamza Najout [2,*] and Alae El Koraichi [3]

[1] *Department of Gastroentero- Hepatology and Proctology "Medecine B", Ibn Sina Hospital, Mohammed V University - Rabat, Morocco.*
[2] *Department of Anesthesia IUC, Mohammed V Military teaching Hospital, Mohammed V University- Rabat Morocco.*
[3] *Department of Anesthesia, Children's Hospital, Mohammed V University- Rabat Morocco.*

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Abstract

Rapunzel syndrome is a rare psychological condition characterized by the compulsive ingestion of hair, known medically as trichophagia. This condition can lead to the formation of trichobezoars, which are hairballs that can accumulate in the gastrointestinal tract, causing obstructive issues. Symptoms may include abdominal pain, nausea, and vomiting. It often occurs alongside trichotillomania, where individuals pull out their hair. Treatment typically involves psychiatric counseling, behavioral therapy, and, in severe cases, surgical intervention to remove hairballs. Early diagnosis and management are crucial to prevent complications, emphasizing the importance of addressing underlying psychological issues associated with this syndrome.

Keywords: Trichobezoard; Rapunzel syndrom; Mallory-weiss syndrome; Gastrotomy

1. Introduction

Bezoards are concretions of human fibres that accumulate in the digestive tract. Trichobezoards are often related to underlying psychiatric disorders such as depression and eating behavior disorder. Teatment is often medical or endoscopic while surgery is required for extended forms.

We present the only documented case of Rapunzel syndrome in Morocco.

2. Case report

A 12-year-old girl was admitted to the emergency department for moderate hematemesis accompanied by epigastric pain persisting for over five months.

The history revealed trichotillomania and trichophagia with recurrent postprandial vomiting. Physical examination showed a febrile, dehydrated, malnourished patient with diffuse cutaneous-mucosal pallor and slightly pale conjunctivae, with the presence of a solid and mobile epigastric mass. Furthermore, the examination also noted multifocal alopecia.

After hydration and electrolyte repletion along with blood transfusion, an esophagogastroduodenoscopy (EGD) was performed, revealing a laceration of the esophagogastric mucosa and a fragile, erythematous gastric mucosa with a mass made up of hair and whitish material occupying the entire gastric cavity and extending into the pylorus and duodenum.

* Corresponding author: Hamza Najout

The Rapunzel syndrome was confirmed by EGD, which also specified that the source of the hematemesis was related to Mallory-Weiss syndrome secondary to vomiting efforts associated with gastritis induced by the trichobezoar. Endoscopic extraction was difficult, necessitating a longitudinal gastrotomy (figures 1 and 2), with a straightforward postoperative course and psychiatric follow-up.

3. Discussion

Rapunzel syndrome is a rare entity defined as a gastric trichobezoar with duodenal or jejunal extension. Indeed, trichobezoars are a rare condition, common in females (90% of cases), with a peak incidence between ages 10 and 19. They account for 0.15% of gastrointestinal foreign bodies. [1]

Trichobezoars can remain asymptomatic for long periods, explaining the diagnostic delay. Symptoms develop gradually and insidiously as the mass enlarges. They are often intermittent and usually vague and nonspecific, primarily of a gastrointestinal nature. [1]

Complications are common and can be the mode of presentation. They may be mechanical (obstruction, intussusception, volvulus, appendicitis), traumatic (ulcers, gastritis, pancreatitis), or associated with malabsorption syndrome. [2]

CT scan is considered the imaging technique of choice for confirming gastrointestinal bezoars, while EGD is the reference examination with both diagnostic and therapeutic value. [2]

Treatment may be medical, consisting of ample oral fluids along with prokinetic agents; instrumental by means of extraction or fragmentation (endoscopic, laser, or extracorporeal lithotripsy); or surgical for extensive forms. [1]

The overall prognosis is good and is linked to better recognition of clinical and radiological signs, alongside the identification of crucial anamnesis elements, notably trichophagia and trichotillomania. Recurrences are possible, often due to non-adherence to psychiatric treatment. [3]

Figure 1 Gastrotomy for extraction of the trichobezoar and its duodenal extension

Figure 2 Trichobezoar covered with whitish material and food debris

4. Conclusion

This case emphasizes the need for early recognition of gastrointestinal symptoms related to psychiatric disorders such as trichotillomania and trichophagia. Comprehensive management involving surgical intervention and psychiatric care is essential to prevent complications and recurrence. Long-term psychiatric follow-up is critical for ensuring adherence to treatment and reducing the risk of reoccurrence, thereby improving patient outcomes.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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