

3rd World Congress on

PEDIATRIC NEUROLOGY AND PEDIATRIC SURGERY

October 01-02, 2018 Osaka, Japan

Jejunal trichobezoar-A rare cause of intestinal obstruction in children: A case report**Sai Charan P G, Venkatesh M Annigeri, Akshay Kalavant B, Phalgun V Simha and Anil B Halgeri**
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The study reports an atypical localization of trichobezoar in jejunum of 76 cm causing intestinal obstruction without a primary in stomach in 7-year girl who was managed surgically. A 7-year old girl presented to the emergency department with the complaints of abdominal mass, bilious vomiting, pain abdomen since 2 days. There was a significant history of trichophagia, anorexia and weight loss since 6 months. On general physical examination, she was pale. Per abdominal examination revealed a hard mass in the right iliac fossa and right lumbar region with upper abdominal distension and tenderness. Ultrasonography (USG) abdomen revealed abnormal thick mass in the bowel extending from the left iliac fossa to supra-pubic region with dilation of proximal bowel loops. Subsequently she underwent Contrast Enhanced Computer Tomography (CECT) of abdomen which revealed well defined multi-layered heterogeneous, solid non-enhancing mass of concentric whorls of mixed density with pockets of air enmeshed within it, the mass extends from proximal jejunum distally, it was separated from bowel wall. Rest of the abdominal organs was normal. On laparotomy, we found solid mass extending from proximal jejunum (15cm from Treitz angle) to distal jejunum with proximal bowel dilatation. Trichobezoar mass was removed by longitudinal enterotomy. Post-operative period was uneventful. She was discharged on seventh post-operative day after psychiatry consultation to prevent the recurrence of condition. Presently patient is doing well and has started to gain weight, during her subsequent follow up. Trichobezoars should be considered as a differential diagnosis if there is typical clinical picture of a girl with anemia, weight loss and abdominal pain with long standing abdominal mass. After removal of bezoar parental counseling, appropriate psychiatric treatment, follow up and behavioral therapy is mandatory to prevent recurrence. Bezoars are rare in children. They are commonly found in stomach. Rarely, bezoars can be located in small bowel, which are most often located in the ileum. Intestinal obstruction due to trichobezoar is extremely rare.

Biography

Sai Charan P G has completed his MBBS degree from SDM College of Medical Sciences and Hospital, Karnataka, India.

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