A Case Study

TRICHOBEZOAR

By Miss B. Chellamma

A female child, aged 9, reported to the hospital with complaints of abdominal pain. On physical examination a tumour was found in the left side of the abdomen.

Previous History

The father of the child stated : "She is in the habit of eating hair for the last three years. Some times she pulls her own hair and eats them up. She is complaining of pain for the last two years. Occasionally she vomits after meals, complains of constipation on and off. Has a poor appetite."

Period of lump two years.

Examination :—The swelling was mobile, extending from the left hypochondrium towards the umbilicus. There was a gap between the lump and the last rib region.

Abdominal surgery was advised. Child was admitted to female surgical ward.

Investigation

H.b. 6 gm.; Total W. B. C. Count. 9400; Diff. Count—Neutrophils : 68% ; Lymphocytes : 30% ; Esinophils : 2%; B.T. : 2 Minute 30 Second ; C.T. : 4 Minute 15 Second ; Blood group :—A. Rhesus Factor.....Negative.

Urine :—Reaction : A c i d ; Albumin : Nil ; Sugar : Nil ; Microscops : N.A.D. ; X-Ray : Barium meal screening.

The barium meal passed through the oesophagus to stomatch. There was well defined filling defect in stomach suggesting a tumour.

Surgery

Pre-operative c a r e :—The child's father was explained the risk of surgery and general anaesthesia and a written consent for the same was obtained from him. One unit of blood was arranged to be given during the operation. On the evening prior to the operation the patient's abdominal skin was cleaned and shaving done and 2% mercurochrome lotion in aqua was applied. With sterilized towel the abdomen was covered and bandaged. The child was given light diet. Tab. Sodium Gardinal ½ gr. was given to the patient at bed time to induce sound sleep at night. Nothing was given orally after 10 P.M.

On the following morning at 6 A.M. the girl was given soap and water enema with good result. Afterwards, thorough sponging was given and clean clothes were put on for operation. A head tie was applied to cover up her hair. The ornaments were removed and handed over to parents. Abdomen was again prepared. Rylestube was inserted and premedication Inj. Bellafolin ½ amp. I.M. was given at 8-30 A.M. The child was taken to O.T. at 8.45 A.M. alongwith all the records and handed over to theatre sister. The worried parents were consoled.

The operation started at 9 A.M. under general anaesthesia. Abdomen was opened in layers by left paramedium incision. On palpation of stomach some hard mass was felt. The stomach wall was lifted and 3'' incision was made on the anterior wall. All the bleeders were ligated. A mass of hair (Trichobezoar) 3″×9″ was removed. Stomach layers were stitched in 3 layers (through and through and seromuscular and serous layers). Abdomen was closed in layers.

The operation lasted for one hour. The surgeon was requested to show and explain the lump. The lump was absolutely different from other lumps and tumours. The ball of hair was connected with a thick hard grey coloured material and there was no capsule over it.

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Post-operative Treatment

The child was received back in the ward after operation at 10 A.M. She was still under the effect of G.A. Pulse and respiration recorded 126/26. Intravenous fluids 5% Glucose solution 1000 cc and 5% Glucose saline 500 cc. were ordered for 24 hours. An injection of M.V. I one amp. and inj. Redoxon 500 mg. were added to the drip Inj. Terramycin 250 mg. I. M. O.D. given for the first 5 days and inj. Dicrysticine ½ gm. I.M. given for first 7 days to combat infection. Inj. Bepanthan one amp. I.M.B.D. given for first three days to avoid abdominal distention. Inj. Pethedin. 25 mg. I.M. H.S. was given on the first night of operation to induce sleep and to releive pain. An in-take output chart was maintained. The child had passed urine normally after 6 hours of operation. Pulse respiration and blood pressure were recorded hourly for 12 hours. Gastric aspiration done through the rylestube hourly for 12 hours and 2 hourly for 2 days. Oral hygiene was maintained. On the 2nd day 5% glucose saline 500 cc. and 5% glucose solution 500 cc. were given.

The patient was given sponging daily. Back attended and position changed every 4 hourly. On the 3rd day rylestube was removed and the child was given oral fluids. From 5th day semi-solid diet as Khichari Dalia was given. On the 8th day stitches were removed. Union was good and there was no complication of any type. On the 10th day the child was discharged with satisfactory condition. The child's father was advised to bring her to O.P.D. for follow up. □