A Case Study of the Removal of Trichobezoar from the Stomach

By

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Renu aged 7 years was admitted to the Surgical Unit for distension of the abdomen for four months, loss of weight and anorexia.

Personal History. Renu's family comprises parents, brothers and sisters. Renu developed the habit of biting her hair and swallowing it. This she did when alone.

Local Examination. The abdomen was distended and a hard movable mass was palpable, extending longitudinally and taking the shape of the stomach, with an irregular surface.

General Examination. Heart and Lungs-N.A.D. Tongue moist; nails and conjunctiva pink.

Laboratory Examinations. Urinalysis—Normal; Complete blood count done; group: O. Gastric analysis showed fluid contained R.B.C.; culture sterile.

Barium Swallow. The oesophagus appeared normal; irregular filling of stomach due to a fairly large mass; two hours later the filling defect was better visualised; 24 hours later traces of the meal were still seen in the stomach.

After completion of the investigations the surgeon decided to perform a laparotomy.

Pre-operative Care. Gastric lavage given twice daily; liquid diet; Pulv. Luminol grit given at bed-time; bowels evacuated by soap and water enema.

Pre-operative Medication. Injection of Pethidine 25 mgs. and Phenegran 50 grms. given intramuscularly at 5.30 a.m., and at 8 a.m. Injection of Atropine grs. 1/200 given.

Operation. The operation was carried out under general anaesthesia, by Dr. M. Chaudhuri, Professor of Surgery. Left paramedian supra-umbilical incision was made. Bleeding points ligatured, peritoneal cavity opened; stomach was incised and a trichobezoar (hair ball) removed. The trichobezoar extended from the cardiac end to the duodenal end of the stomach. It weighed 6 ozs. and measured 16'' × 3''. The mucous membrane of the stomach was hypertrophied; the cavity

Trichobezoar (Hair Ball) Removed from Stomach.
was irrigated. The stomach and the peritoneum was closed in layers.

Post-operative Care. The patient was returned to the ward and placed in a warm bed. Temperature, pulse, and respiration recorded ½ hourly, for 2 hours. Pulse ranged between 144-120 per minute. After recovery from the anesthetic a Ryle's tube was passed and stomach contents aspirated at half-hourly intervals; coffee-ground fluid was removed. Blood transfusion 340 c.c. and intravenous glucose/saline 5% given.

By the evening the patient had hyperpyrexia, Temp. 104°F, so the intravenous infusions were stopped and one pint of glucose/saline was given rectally.

Injection of Penicillin 1 lac given 6 hourly, Inj. Solupectine 20%, 5 c.c. given 8 hourly; Inj. Combioptic 1 gm. given once a day.

Hydrotherapy treatment given for hyperpyrexia. Patient catheterised and 6 ozs of urine withdrawn.

Urine tested for acetone and was found negative.

The usual nursing care of back and mouth carried out.

Inj. Pethidine 35 mgms. given, and patient had a fairly good night's rest.

2nd day. Patient felt better; the usual nursing care given. Temperature 100° F, pulse 90, respiration 24.

One pint of glucose/saline given rectally; sips of glucose water given.

3rd day. Condition better; usual nursing care given.

4th day. Patient was allowed to sit up in bed; diet increased.

5th day. Renu's condition improved, and she was allowed to walk round her bed; semi-solid food was given. It was noticed that Renu clutched on to her plait for the first time after the operation, but did not chew her hair. Liq: Paraffin ½ oz. given, with effect.

6th day. Clips removed.

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10th day. The sutures were removed, union good and the wound healed by first intention.

12th day. Renu was discharged. Her mother was instructed to bring her to the follow-up clinic. She was advised to keep a watch on the child to see that she did not chew her hair. To allow the child to attend school after six weeks.

**N.B.** Cases of this kind are very rare; it was the first one treated in this hospital.

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