

CASE REPORT

TRICHOBIZOAR

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INTRODUCTION:

Persistent ingestion of non-nutritive substances such as dirt, clay, plaster, hair and paper is occasionally found in psychiatric practices (PICA). Ingestion of hair, trichopagia, is rarely encountered.

Literature indicators as slight preponderance of black children with PICA compared with white children. Investigators have reported that PICA affects both sexes equally but in case of trichopagia there is a definite preponderance in females (4:1)

One of the two theories about the etiology of PICA states that a specific nutritional deficit is present in the patients. The other theory postulates the unmet oral needs which are expressed in the persistent search for inedible substances. Poor supervision and neglect are often found childhood.

Intestinal obstruction such as hair ball tumours, gastritis, hematemesis, perforation, zinc and iron deficiencies have been reported with trichopagia.

We submit a report of two cases who are admitted as intestinal obstruction and hair ball tumours (trichbizoar) were found on laparotomy.

CASE-1:

A pregnant woman of 24 years' age from Balakot, District Mansehra was admitted to Surgical 'A' Unit of D.H.Q Hospital Abbottabad on 22-2-1989. She had complaint of pain in the abdomen for three days. It started in the epigastrium, quite abruptly and it was severe, agonizing and gripping. Pain was unrelieved by pressure, posture or food. The patient had been vomiting for three days. She had absolute constipation. There was nothing relevant in her family history.

According to the relatives of the patient she was quite irritable with disturbed interpersonal relationship. She liked to stay alone, not mixing with others. She had tried a few suicidal attempts. At times she showed abnormal behaviour quarreling with her husband and punishing her children for no appropriate reasons.

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On general physical examination she had no positive finding except anaemia. On systemic examination the abdomen was grossly distended not going with respiration; it was tense and rigid. No viscus, mass or tumour was palpable. Shifting dullness or fluid thrill was absent. No bowel sounds could be heard on auscultation.

On investigation haemoglobin was 12.4 gm/dl. TCL was 12.2. x 10³/l, blood urea was 38 mg/dl glucose 88 mg/dl. Serum electrolytes were within normal range. X-Ray chest was normal and X-Ray abdomen showed evidence of obstruction. On laparotomy 1000 ml dirty fluid was drained. A 2 cm perforation was found in the anterior wall of stomach. 400 gm trichobizoar (hair which resembled the contour of the stomach) was removed.

CASE-2:

A woman aged 27 years from Havelian District Abbottabad was admitted to Surgical 'A' Unit of DHQ Hospital Abbottabad on 7.3.1990. She had pain epigastrium, vomiting off and on, painful mass left hypochondrium and epigastrium, palpitation and mild fever. The duration of illness was for the last two years.

There was no relevant family history. The patient had premature birth and one intrauterine fetal death. On examination here pulse was 90/m BP 110/80. She was anaemic. Systemic examination revealed a big hard mass in left hypochondrium and epigastric region extending to right hypochondrium. It was mobile with respiration and showed well demarcated margins. On investigation haemoglobin was 10.4 gm/dl and her blood urea was 64 mg/dl. Other investigations were normal on laparotomy the stomach was found dilated and filled with a mass of hair. Bunch of hair was removed from the stomach and wounds stitched in layers. On recovery the patient was discharged from the hospital.

DISCUSSION AND COMMENTS:

Trichopagia (hair eating) is a rare eating disorder found usually in females. Ingestion of such non-nutritive substances result in zinc and iron deficiency. Correction of zinc and iron deficiency has also resulted in the elimination of this behavioral disorder. In case No. 1, the cause appeared to be abnormal behaviour in living and work which could have been increased during pregnancy; as the pregnancy can lead to stress as well as a deficiency state. In case No. 2, the cause appears to be iron and zinc deficiency.

All the patients with abnormal behaviour should be given iron and trace elements alongwith psychotherapy and behavioural therapy whenever a deficiency state is noticed.

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