# Unusually Long Trichobezoar: A Case Report

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**Abstract**

This case report presents the clinical profile and management of a 16-year-old girl with a trichobezoar, accompanied by introversion and depression. Trichobezoar, a rare condition characterized by the accumulation of hair in the gastrointestinal tract, often presents with nonspecific symptoms, making it challenging to diagnose. In this case, the patient's introverted personality and depressive symptoms further complicated the clinical presentation. Surgical intervention was required due to the size and location of the trichobezoar, which was successful. Following the surgery, the patient received psychological support and counseling to address her underlying mental health concerns. This case report emphasizes the importance of a multidisciplinary approach, involving psychiatry, surgery, and psychological interventions, in the comprehensive management of trichobezoar cases with associated psychological comorbidities.

**Keywords**

- diagnosis
- gastrointestinal tract
- surgical intervention
- psychological support
- trichobezoar

## Introduction

Trichobezoar, a rare condition characterized by the formation of a hairball within the gastrointestinal tract, poses diagnostic and management challenges, especially when accompanied by underlying psychological comorbidities. This case report presents the clinical profile and surgical management of a 16-year-old introverted girl diagnosed with trichobezoar, who also exhibited symptoms of depression. Understanding the association between trichobezoar and psychological factors is crucial in formulating an integrated treatment approach for improved patient outcomes.

Trichobezoar predominantly affects young females, often coinciding with underlying psychiatric conditions such as trichotillomania, anxiety, or depression. The ingestion of hair serves as a coping mechanism for stress or emotional distress, manifesting as a form of self-soothing behavior in individuals facing psychosocial challenges.[1] However, the presence of trichobezoar can lead to significant complications, including gastrointestinal obstruction, perforation, and nutritional deficiencies.[2]

In this case, the girl presented with a history of introverted behavior, withdrawal from social activities, and symptoms indicative of depression. Her clinical evaluation revealed vague abdominal discomfort and a palpable mass. Diagnostic investigations, including abdominal imaging and endoscopic examination, confirmed the presence of a large trichobezoar in the stomach and proximal small intestine.

Surgical intervention was deemed necessary due to the size and location of the trichobezoar, aiming to prevent further complications and relieve the patient's symptoms. The procedure involved a laparotomy with gastrotomy and enterotomy for complete removal of the hairball. Postoperative care included close monitoring for any potential complications and initiation of psychological support to address the underlying depressive symptoms.

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The association between trichobezoar and psychological comorbidities necessitates a multidisciplinary approach to patient management. This includes collaboration between gastroenterologists, surgeons, psychiatrists, and psychologists to ensure comprehensive care. Psychological interventions, such as cognitive behavioral therapy (CBT), counseling, and support groups, are essential in addressing the underlying psychological distress and preventing recurrence.[3]

By presenting this case, we aim to highlight the importance of recognizing the connection between trichobezoar and psychological factors in adolescents, particularly in those exhibiting introverted behavior and depressive symptoms. Furthermore, emphasizing the significance of a multidisciplinary approach, we intend to contribute to the existing literature on trichobezoar management in the context of associated psychological comorbidities.

## Case Presentation

A 16-year-old girl presented with vague abdominal discomfort, withdrawal from social activities, and symptoms indicative of depression. She had a history of introverted behavior personality. This is a personality trait characterized by a preference for solitary activities and a tendency to be more reserved and less outgoing in social settings. She also presented with trichophagia, suggesting a potential underlying psychological component.

The patient was healthy, appearing with normal vitals. Her regular cardiac, pulmonary, and neurological examinations were within normal limits. Abdominal examination revealed a palpable mass in the abdomen.

A basic metabolic profile, complete blood count reports, liver function test, and renal function test reports were unremarkable. Electrocardiogram (ECG) revealed normal sinus rhythm. Chest X-ray was unremarkable. Abdominal imaging and endoscopic examination confirmed the presence of a large trichobezoar in the stomach and proximal small intestine. Examination of the scalp revealed shaved head without signs of patchy alopecia. A laparotomy with gastrotomy and enterotomy was performed to ensure complete removal of the hairball (►**Figs. 1** and **2**).

## Discussion

Trichobezoar, a rare condition characterized by the formation of a hairball within the gastrointestinal tract, often presents diagnostic and management challenges, particularly when accompanied by underlying psychological comorbidities. The association between trichobezoar and psychological factors highlights the importance of a comprehensive approach to patient care, involving both medical and psychological interventions.

The link between trichobezoar and psychological comorbidities, such as depression and introverted behavior, has been documented in previous studies in the literature.[1] In our case, the patient's introverted nature and depressive symptoms added complexity to the diagnostic process. Differentiating the physical symptoms attributed to

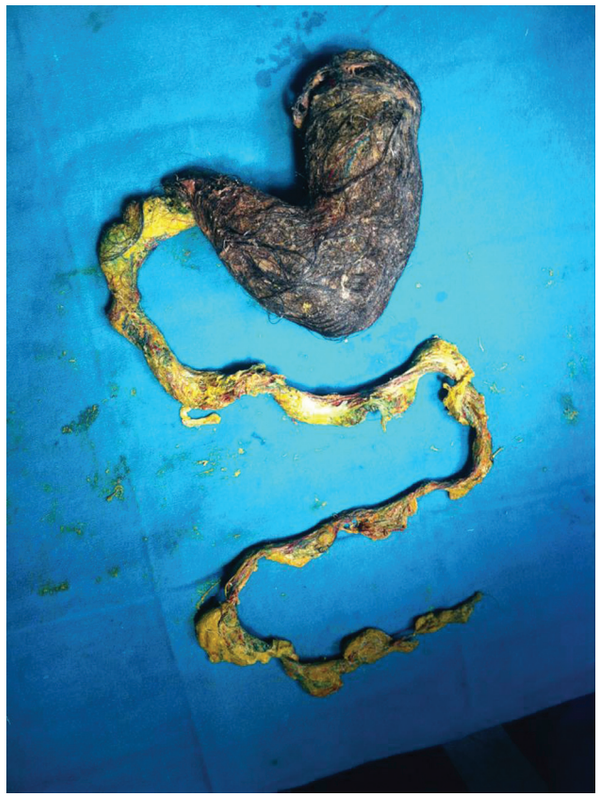

**Fig. 1** Excised trichobezoar.

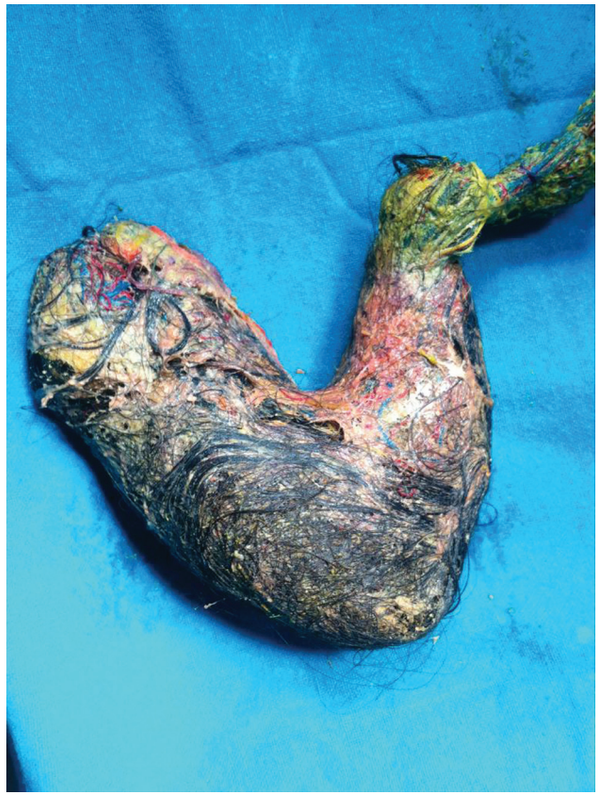

**Fig. 2** Excised trichobezoar, closer view.

 

trichobezoar from potential manifestations of underlying psychological distress was challenging but crucial in developing an appropriate management plan.

Surgical intervention is often required in cases of trichobezoar, particularly when the size and location of the hairball pose a risk of complications or obstruction. In our patient, a laparotomy with gastrotomy and enterotomy was performed to ensure complete removal of the hairball. The successful surgical outcome highlights the importance of prompt intervention in preventing further complications and alleviating the patient's symptoms.

However, surgical treatment alone is not sufficient in addressing the underlying psychological factors contributing to trichobezoar formation. Comprehensive management necessitates a multidisciplinary approach, involving collaboration between gastroenterologists, surgeons, psychiatrists, and psychologists. Psychological support and interventions play a crucial role in addressing the underlying depressive symptoms, reducing the risk of recurrence and promoting long-term recovery.[3]

Psychological interventions, such as CBT and counseling, have shown promising results in managing trichobezoar cases with associated psychological comorbidities.[4,5] CBT can help patients develop alternative coping mechanisms for emotional distress, identify triggers for hair-pulling behaviors, and build resilience. Furthermore, family involvement and support are crucial in the management of adolescent patients, facilitating open communication and addressing any familial stressors that may contribute to the patient's psychological well-being.

Long-term follow-up and psychological monitoring are essential in cases of trichobezoar to assess the patient's progress, address any potential relapse or recurrence, and provide ongoing psychological support. Regular evaluations and psychological interventions can aid in preventing relapse and promoting sustained recovery.

Long-term follow-up and psychological monitoring are essential in cases of trichobezoar to assess the patient's progress, address any potential relapse or recurrence, and provide ongoing psychological support. Regular evaluations and psychological interventions can aid in preventing relapse and promoting sustained recovery.

The case presented in this report emphasizes the need for a holistic approach to the management of trichobezoar in adolescents with underlying psychological comorbidities. A multidisciplinary team working in coordination can provide the comprehensive care required to address the physical and psychological aspects of the condition, leading to improved patient outcomes and long-term recovery.

## Conclusion

This case report highlights the significance of recognizing the association between trichobezoar and psychological factors in adolescent patients, particularly those exhibiting introverted behavior and symptoms of depression. The successful surgical treatment underscores the importance of prompt intervention in preventing complications. However, comprehensive management necessitates a multidisciplinary approach that integrates medical and psychological interventions, providing long-term support and addressing the underlying psychological distress. Further research and case studies are needed to better understand the intricate relationship between trichobezoar and psychological comorbidities and develop optimal treatment strategies for improved patient outcomes.

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**Conflict of Interest**
None declared.

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