Giant bezoar: young Rapunzel

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DESCRIPTION

Surgeons and radiologists encounter a challenge regarding the type of diagnostic imaging techniques to use when faced with a possible small bowel obstruction (SBO). However, with a sensitivity of 82%-100% for high-grade and complete SBOs, multidetector CT is the preferred imaging method.¹²

A high-grade obstruction can be identified by the degree of distal collapse, proximal bowel dilation and small bowel faeces sign.²³

The transition point is defined by a calibre change between the dilated proximal and collapsed distal small bowel loops.¹²

Bezoars are an unusual cause of acute abdomen due to SBO (1–2), causing a mostly complete mechanical obstruction. Bezoars are commonly located in the jejunum or in the proximal ileum.^{1–3}

Our images demonstrate the importance of CT for bezoar identification (figures 1 and 2) and for definition of the transition point (figures 3 and 4). The small bowel faeces sign can be clearly seen in the coronal view (figure 4). In addition, the sagittal view helps the radiologist in the diagnosis.

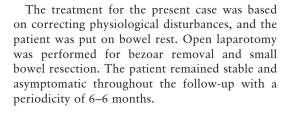




Figure 3 Sagittal view: hair mass distending the stomach.

Figure 4 Coronal view: transition point and small

bowel faeces sign.



Figure 1 Axial CT-marked gastric distension by hair.

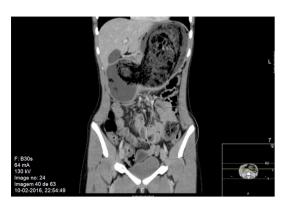


Figure 2 Marked distention of stomach and colon with clearly defined transition point.



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Images in...

Learning points

- ► Trichophagia is an uncommon psychiatric pathology.
- Remote causes for intestinal obstruction should always be taken into account for the differential diagnosis.
- Ultrasound can help in intestinal obstruction.

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REFERENCES

- Singh J, Kumar R, Kalyanpur A. "Small bowel feces sign" a ct sign in small bowel obstruction. *Indian J Radiol Imaging* 2006;16:71–4.
- 2 Canon CL. et alGastrointestinal tract. In: JKT L, Sa- gel SS, Stanley RJ, Heiken JP, . eds. Computed body tomography with MRI correlation. 4th edn. Philadelphia: Pa: Lippincott Williams & Wilkins, 2006:771–828.
- 3 Lazarus DE, Slywotsky C, Bennett GL, et al. Frequency and relevance of the "small-bowel feces" sign on CT in patients with small-bowel obstruction. AJR Am J Roentgenol 2004;183:1361–6.

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