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.^{1,2}

A high-grade obstruction can be identified by the degree of distal collapse, proximal bowel dilation and small bowel faeces sign.^{2,3}

The transition point is defined by a calibre change between the dilated proximal and collapsed distal small bowel loops.^{1,2}

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 1 Axial CT-marked gastric distension by hair.

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

The treatment for the present case was based on correcting physiological disturbances, and the patient was put on bowel rest. Open laparotomy was performed for bezoar removal and small bowel resection. The patient remained stable and asymptomatic throughout the follow-up with a periodicity of 6–6 months.

Figure 3 Sagittal view: hair mass distending the stomach.

Figure 4 Coronal view: transition point and small bowel faeces sign.

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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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Competing interests None declared.

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