TRICHOBEZOAR OF SMALL INTESTINE MIMICKING CLINICALLY AS ACUTE APPENDICITIS
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Background
Abdomen well known as pandora box because of its mysterious nature and varied presentation.
In modern era, negative Appendicectomy rate is still around 5-10% and Diagnostic laparoscopy permits definitive diagnosis and avoid negative appendicectomy.
One such scenario we came across, wehere Trichobezoar was mimicking appendicitis. Majority of trichobezoars are confined to the stomach Rapunzel syndrome: Stomach trichobezoar extending into small intestine. Isolated jejunal trichobezoar is very rare, that too mimicking appendicitis.

Case
21 YR Female
Pain abdomen x 4 days
Initialy colicky type,
Gradually localised to RIF
Nausea/Vomiting(+)
Fever(+)
Similar complaint 4 yrs back
No Comorbidity
PR: 98/min
BP 116/78 mmhg
Temp: 99 F
PA:
RIF tenderness (+)
Rebounf tenderness (+)

Inv
TLC: 11,600 cells/cumm
Neutrophils: 91%
Alvarado score : 9/10
Usg: Minimal RIF collection with probe tenderness

Diagnostic Lap
Terminal ileum, Colon and appendix were normal
Pelvis: Normal
Inflamed Jeunal segment adhered to RIF
Firm to hard feel
Proximal mild dilatation
Adhesions released

Treatment
Enterotomy done
trichobezoar 10 x 7 x5 cm
removed.
Post operatively patient recovered well
On repeated asking, patient revealed h/o trichotillomania and trichophagia.

Conclusion
A detailed preoperative evaluation should be considered in all patients, including diagnostic laparoscopy which prevents negative appendicectomy and accurately diagnose the disease.