SAR Journal of Surgery

Abbreviated Key Title: *SAR J Surg*
Home page: https://sarpublication.com/journal/sarjs/home
DOI: https://doi.org/10.36346/sarjs.2026.v07i02.004

OPEN ACCESS

ISSN 2707-7748 (P)
ISSN 2709-6912 (O)

Case Report

When Appetite Meets Anxiety- A Tale of Trichobezoar

Dr. Gandeti Kiran Kumar, M.S.[1]*, Dr. Aithagani Aruna, M.S.[2], Dr. Nuukala Geethika[2], Dr. Nutulapati Sree Sravya[2], Dr. Kondeti Pavani[2]

[1]Professor, Department of General Surgery, Guntur Medical College, Guntur, Andhra Pradesh, India
[2]Department of General Surgery, Guntur Medical College, Guntur, Andhra Pradesh, India

***Corresponding Author:** Dr. Gandeti Kiran Kumar
Professor, Department of General Surgery, Guntur Medical College, Guntur, Andhra Pradesh, India

Article History: | Received: 04.02.2026 | Accepted: 30.03.2026 | Published: 08.04.2026 |

Abstract: ***Background*:** Trichobezoar is a rare condition resulting from the accumulation of ingested hair within the gastrointestinal tract, most commonly seen in young females with underlying psychiatric disorders. It may lead to serious complications including gastric outlet obstruction and perforation. ***Case Presentation*:** A 19-year-old female presented with 10 days of intermittent upper abdominal pain with recent worsening, associated with postprandial vomiting and significant weight loss over the preceding months. Examination revealed mild epigastric tenderness, and blood investigations demonstrated microcytic hypochromic anemia. Upper gastrointestinal endoscopy showed an entangled hair mass occupying the body and fundus of the stomach, which could not be retrieved endoscopically. She underwent laparotomy and anterior gastrotomy with removal of an 8 × 5 × 3 cm trichobezoar mixed with digested food particles. Postoperatively she had psychiatric evaluation, was counseled for trichotillomania, advised behavioral therapy, and discharged with iron supplementation, nutritional advice, and scheduled follow-up. ***Conclusion*:** Trichobezoar should be considered in young females presenting with unexplained gastrointestinal symptoms, weight loss, and nutritional anemia. A multidisciplinary approach involving surgical, psychiatric, and nutritional care is vital to ensure complete recovery and prevent recurrence.

Keywords: Trichobezoar, Trichotillomania, Gastric outlet obstruction, Trichophagia.

INTRODUCTION

Trichobezoar is an uncommon type of bezoar formed by the accumulation of ingested hair within the gastrointestinal tract. It predominantly affects adolescent and young adult females and is frequently associated with psychiatric conditions such as trichotillomania and trichophagia. Because hair is resistant to digestion and propulsion, it tends to accumulate in the stomach where it becomes compacted together with mucus and food particles to form a firm mass.

Clinically, trichobezoars may remain asymptomatic for a long period before presenting with nonspecific gastrointestinal complaints such as epigastric pain, early satiety, vomiting, weight loss, and features of malnutrition or anemia. Serious complications, including gastric outlet obstruction, ulceration, perforation, and peritonitis, have been reported. We present a case of gastric trichobezoar in a 19-year-old female with trichotillomania, emphasizing the diagnostic challenge and the importance of a multidisciplinary approach.

CASE REPORT

A 19-year-old female presented with intermittent upper abdominal pain for 10 days, which had recently increased in severity. The pain was localized to the epigastric region, dull aching in nature, and associated with non-bilious vomiting predominantly after food intake. She also reported significant weight loss over the preceding few months and decreased appetite, but denied hematemesis, melena, jaundice, or altered bowel habits. On detailed history, she disclosed a longstanding habit of pulling out hair from her scalp and ingesting it since childhood, which had been regarded by the family as a simple bad habit. There was no prior psychiatric consultation, and no known history of other

self-injurious behavior or major medical illness. Family history for psychiatric disorders was not contributory. On examination, the patient appeared pale but was hemodynamically stable. General physical examination revealed pallor; there was no icterus, clubbing, cyanosis, or peripheral lymphadenopathy. Abdominal examination showed mild tenderness in the epigastric region without guarding or rigidity, no palpable mass, and normal bowel sounds. Other systemic examinations were unremarkable. Laboratory investigations revealed microcytic hypochromic anemia consistent with iron deficiency. Other routine hematological and biochemical parameters were within normal limits. Upper gastrointestinal endoscopy demonstrated a large, dark, entangled mass of hair occupying the body and fundus of the stomach, consistent with a gastric trichobezoar. Multiple attempts at endoscopic retrieval were unsuccessful and were abandoned due to the size and density of the mass. In view of failed endoscopic extraction and the large size of the bezoar, the patient was planned for exploratory laparotomy. Through an upper midline incision, the stomach was exposed and an anterior gastrotomy was performed. A single large trichobezoar measuring approximately 8 × 5 × 3 cm, composed of tightly matted hair and mixed with digested food particles, was identified and removed en bloc. The gastric mucosa was inspected and showed congestion but no perforation. The gastrotomy was closed in one layer and the abdomen was closed after saline lavage. The postoperative period was uneventful. The patient was gradually started on oral feeds, which she tolerated well, and was mobilized early. She was discharged with oral iron supplementation and a nutritional diet plan aimed at correcting her anemia and weight loss. Psychiatric evaluation confirmed trichotillomania with hair ingestion. She received counseling and was advised behavioral therapy to address her compulsive hair-pulling and ingestion. The importance of adherence to psychiatric follow-up and family support was emphasized. On follow-up visits, she reported improvement in symptoms with no recurrence of abdominal complaints.

DISCUSSION

Trichobezoar is a rare but recognized cause of upper gastrointestinal symptoms in young females, often associated with underlying psychiatric conditions. The predominance in females has been attributed to longer hair length and a higher prevalence of trichotillomania in this group. Repeated ingestion of hair, which is indigestible and slippery, allows strands to accumulate in gastric rugae and gradually form a compact bezoar. Clinical presentation can be vague, and patients may complain of chronic abdominal pain, nausea, vomiting, early satiety, and weight loss, while some remain asymptomatic until complications develop. Iron deficiency anemia and other nutritional deficiencies are frequently observed due to poor intake, vomiting, and mucosal irritation. In our patient, chronic hair ingestion resulted in a sizeable gastric trichobezoar presenting with epigastric pain, postprandial vomiting, weight loss, and microcytic hypochromic anemia. Diagnosis relies on a combination of careful history, physical examination, and appropriate investigations. A detailed psychosocial history may reveal hair-pulling and ingestion behavior, which is often concealed due to embarrassment. Upper gastrointestinal endoscopy is considered the investigation of choice because it allows direct visualization and potential therapeutic intervention. In our case, endoscopy established the diagnosis but failed as a therapeutic modality due to the large, dense mass. Treatment options include endoscopic removal, laparoscopic retrieval, and open laparotomy with gastrotomy. Endoscopic techniques may be successful for small, soft bezoars but are less effective for large trichobezoars and carry a risk of fragmentation with distal migration and obstruction. Laparoscopy has been increasingly described but may be technically demanding for large bezoars, and specimen extraction often requires extension of port sites or mini-laparotomy. Open laparotomy with gastrotomy remains the most reliable method for complete removal of large gastric trichobezoars, particularly in resource-limited settings. Our patient underwent open gastrotomy with successful en bloc removal and uneventful recovery. Long-term management must address the underlying psychiatric disorder to prevent recurrence. Trichotillomania is classified among obsessive–compulsive and related disorders, and treatment includes cognitive-behavioral therapy, habit-reversal training, and, when indicated, pharmacological interventions. Early psychiatric evaluation, counseling, and family involvement are essential components of care. Nutritional assessment and supplementation are also crucial, particularly in patients with significant weight loss and anemia. This case highlights the importance of considering trichobezoar in the differential diagnosis of chronic or recurrent abdominal pain and vomiting in young females, especially when there is associated weight loss and anemia. A high index of suspicion and careful history-taking regarding unusual habits such as hair pulling and ingestion are fundamental for early diagnosis and prevention of complications.

CONCLUSION

Trichobezoar, though rare, should be considered in young females presenting with unexplained upper gastrointestinal symptoms, weight loss, and nutritional anemia. Prompt diagnosis using endoscopy and appropriate surgical management are vital to prevent serious complications such as gastric outlet obstruction and perforation. A multidisciplinary approach involving surgeons, psychiatrists, and nutritionists is essential to ensure complete recovery, address the underlying psychiatric disorder, and prevent recurrence.

DECLARATIONS

Patient Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying clinical details.

Conflicts of Interest: The authors declare no conflicts of interest.

Funding: No external funding was received for this work

REFERENCES

- Abbas, M., *et al.,* (2018). Recurrent Rapunzel syndrome – A rare tale of a hairy tail: A 19-year-old female case report. International Journal of Surgery Case Reports.
- Agarwal, K., *et al.,* (2024). Untangling rapunzel syndrome: A unique presentation of gastric trichobezoar in a young female. Journal of Pediatric Surgery Case Reports.
- Gorter, R. R., *et al.,* (2010). Management of trichobezoar: Case report and literature review of young females. Pediatric Surgery International.
- Habib, M., *et al.,* (2022). Gastric Trichobezoars in paediatric population– A series of six cases. Annals of Medicine and Surgery.
- Siddique, M. S., *et al.,* (2019). Rapunzel syndrome in adult with mysterious presentation: 19-year-old female case study. Tropical Doctor.
- Siddiqui, J., *et al.,* (2025). Trichobezoar due to psychiatric comorbidity: A rare case report of a young female. Journal of Behavioral Health.