

Trichobezoar and Rapunzel syndrome

Zhi-Nan Sun, Dong-Lai Hu, Zhong-Mei Chen

Jinhua, China

A 12-year-old girl without a history of psychiatric disorders presented to the emergency department with abdominal pain and mass in epigastric and left upper quadrant. The vital signs and laboratory studies were unremarkable. Abdominal contrast computed tomography revealed a giant heterogenous mass

extending from the stomach to the duodenum (Fig. A). Endoscopic examination confirmed the diagnosis of a trichobezoar (Fig. B) and attempts were made to remove the trichobezoar, which however was unsuccessful. Laparotomy was performed for the patient, and the giant trichobezoar, filling the entire stomach, duodenum and proximal jejunum, was removed without spillage into the peritoneal cavity (Fig. C). Rapunzel syndrome was diagnosed (Fig. D). On day 3 after surgery, early enteral nutrition was fed by a nasojejunal tube. The recovery course was uneventful postoperatively, and the patient was discharged on day 11 after surgery and referred for psychiatric counseling.

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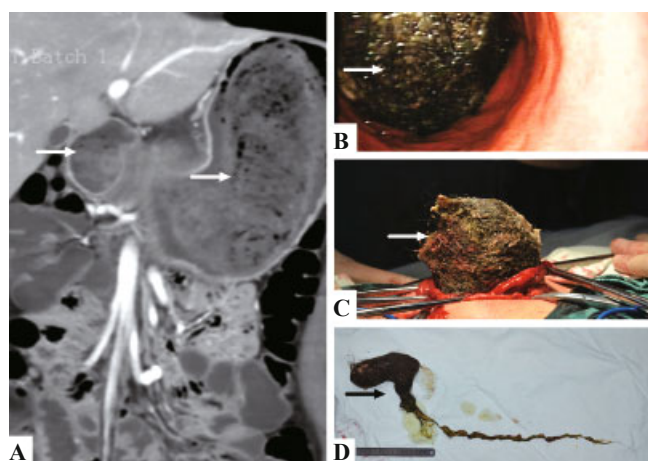


Fig. A: Coronal contrast CT demonstrates the giant trichobezoar extending from the stomach to duodenum (white arrow); **B:** Endoscopic view of trichobezoar (white arrow); **C:** The trichobezoar was removed by gastrotomy (white arrow); **D:** Retrieved trichobezoar with its intestinal tail–Rapunzel syndrome (black arrow).

Author Affiliations: Department of Pediatric Surgery, Jinhua Hospital of Zhejiang University, Jinhua Municipal Central Hospital, Jinhua, China (Sun ZN, Hu DL, Chen ZM).

Corresponding Author: Dong-Lai Hu, MD, Department of Pediatric Surgery, Jinhua Hospital of Zhejiang University, Jinhua Municipal Central Hospital, Jinhua 321000, China (Tel: +86-579-82552985; Email: hudonglai_910@163.com)

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