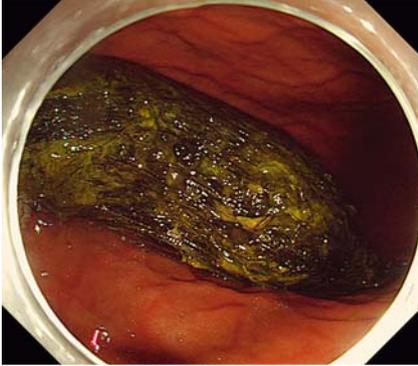


## Endoscopic retrieval of a huge gastric trichobezoar using an electro-surgical knife



► **Fig. 1** Endoscopic image showing a large gastric trichobezoar in a 22-year-old patient.



► **Fig. 2** The trichobezoar was broken up using an electro-surgical knife.

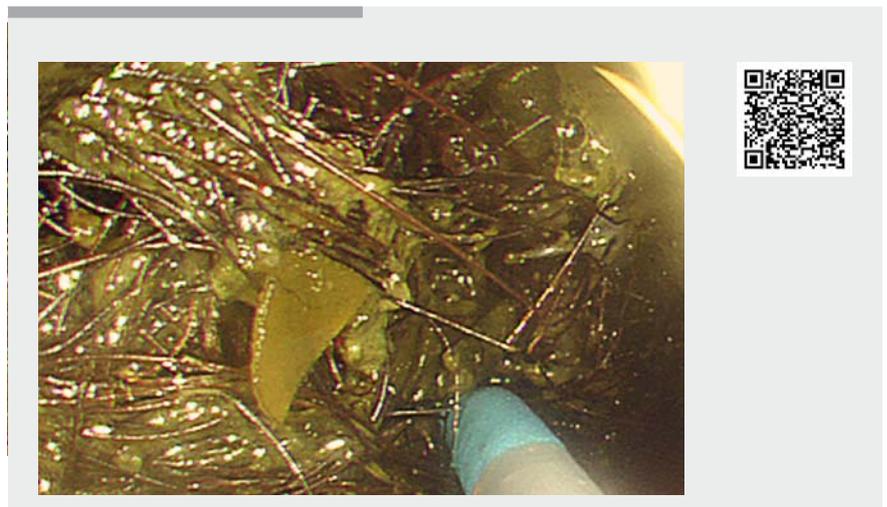


► **Fig. 3** The trichobezoar completely removed after fragmentation.

A trichobezoar is a rare type of bezoar and usually located in the stomach; however, sometimes it extends through the pylorus into the small bowel, even reaching the transverse colon [1]. Trichobezoars may cause potentially life-threatening complications, such as intestinal obstruction, gastric bleeding, and perforation. Epigastric surgical incision is the most common method of large trichobezoar removal [2]. Herein, we report a case of successful endoscopic retrieval of a trichobezoar after its fragmentation using an electro-surgical knife.

A 22-year-old woman visited the primary clinic with a history of upper abdominal pain and early satiety. She had been habitually eating her own hair since childhood. The endoscopic findings showed a large, densely packed intragastric trichobezoar (dark hair with hard mass) approximately 6 cm × 15 cm in size extending through the pylorus, and a shallow ulcer in the body (► **Fig. 1**). We then decided to remove the trichobezoar endoscopically.

With the patient under conscious sedation with midazolam plus propofol, we used a two-channel gastroscope (GIF-2TQ260M; Olympus, Tokyo, Japan) and tried to fragment and remove the trichobezoar using grasping forceps through an overtube. As the lump was huge,



► **Video 1** Endoscopic retrieval of a large gastric trichobezoar after fragmentation into several pieces using an electro-surgical knife.

dense, and tangled in hair, it could not be removed even after repeated attempts. A subsequent attempt to cut the trichobezoar using argon plasma coagulation and a polypectomy snare also failed to fragment it efficiently (► **Fig. 2**). Finally, we used an electro-surgical knife (IT knife 1; Olympus, Tokyo, Japan) to cut the trichobezoar effectively into two pieces (► **Video 1**). The smaller piece was further fragmented and then successfully removed using grasping forceps (► **Video 1**). The remaining piece was successfully removed in two

sessions; each session took about an hour (► **Fig. 3**). The clinical course was tolerable. After trichobezoar removal, the patient was free of pain; she was given a regular diet and discharged.

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### Competing interests

The authors declare that they have no conflict of interest.

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