

# Acute intestinal obstruction due to Rapunzel Syndrome in a child

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## INTRODUCTION

Trichobezoar is a mass of ingested hair in the gastrointestinal tract, often linked to trichotillomania (hair-pulling) and trichophagia (hair-eating). When the hair extends beyond the stomach into the intestines, it is termed *Rapunzel syndrome*. As hair is indigestible, this can lead to gastrointestinal obstruction, abdominal pain, and distension.

## CASE REPORT

A healthy 5 years old girl, autistic no previous medical illness presented with colicky abdominal pain and non-bilious vomiting for 2 weeks. There was no history of fever, urinary symptoms, or constipation. Symptoms worsening 3 days prior to hospital visit. Child was treated as constipation colic, given symptomatic treatment however abdominal pain remains. Upon arrival to ED, child looks very irritable and crying. Vital sign showed BP 95/52 HR 110 RR 24 Spo2 99 under RA. Abdominal examination revealed a guarded abdomen with palpable vague mass. Ultrasound abdomen and CT abdomen showed dilated small bowel loops with segments of small bowel thickening involving jejunum to proximal ileum of small bowel. The child underwent surgery with successful removal of the trichobezoar.

## DISCUSSION

This case illustrates a classic presentation of Rapunzel syndrome. Trichobezoars are rare and typically occur in young females with psychiatric disorders such as trichotillomania, trichophagia, OCD, or pica. Though uncommon (only 1% of trichophagia cases), these masses can cause serious complications like bowel obstruction or perforation. Treatment involves surgical removal via endoscopy, laparoscopy, or open surgery depending on size and location. Recurrence is reported after the initial removal of bezoars. Therefore, a long-term psychiatric follow-up is advised including counselling and medications like SSRIs, to prevent recurrence.



## CONCLUSION

Trichobezoar is a rare entity that should be considered as a differential diagnosis in young female patients with vague, non-specific clinical symptom with upper-abdominal mass. Small bowel obstruction secondary to trichobezoars, though extremely rare, should raise suspicion that is further supported by presentations of alopecia, a history of trichophagia and trichotillomania, pica or other behavioral disorders

## REFERENCES

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