



Rare Case of a Bezoar in the Stomach

Ahmad Al Eissa², Andrei Nussbaum² and Matthias Raggi^{1*}

¹Department of General and Visceral Surgery, Sana Karl-Olga-Krankenhaus Stuttgart, Germany

²Department of Internal Medicine, Agaplesion Bethesda Krankenhaus Stuttgart, Germany

Abstract

Bezoars are not as rare as we think. According to the literature, the bezoar mostly consists of hair, vegetables or fruits but other materials are also possible. Due to their growth they are responsible for up to 4% of mechanical intestinal obstruction.

We are presenting the case of an 86 year old man with melena and a big bezoar in the stomach due to accumulation of polysterene.

Keywords: Bezoar; Stomach; Polesterene

Introduction

Bezoars are generally caused by swallowed foreign material. Among the patients it is very often the swallowing of hair especially in young (10 to 19 years old) female. Most frequently the mentally retarded or emotionally disturbed patients are affected. The foreign material accumulates and causes sometimes an obstruction. According to their composition one can distinguish different kinds of bezoars. For example trichobezoars (hair balls) are composed of hair and phytobezoars of not digestible food such as some seeds or fruit components. And found principally in patients who have gastric stasis. Often this follows gastric surgery and there are also pharmacobezoars, comprised of medications. They are located either in the stomach or in the small gut, particularly in the terminal ileum. Symptoms often show the signs of bowel obstruction but can also be unspecific. Anemia, abdominal pain, nausea and vomiting, gastric ulcers or perforation, gastrointestinal bleeding or obstructive jaundice can also occur.

Case Presentation

We present the case of an 86 year old man. He was admitted in our department of internal medicine because of pneumonia due to recurrent aspirations. In his history there are some other important diagnoses to mention, such as: Dementia disease, heart insufficiency failure, dysphagia and chronic renal insufficiency failure. In the last time he complained about dysphagia.

The patient reached into our hospital accompanied by his son who reported a collapse at home, short before the admission. He also related told us about a strong predominant cough with massive sputum.

We saw the 86 year old man in severely reduced general health. Low blood pressure, low oxygen saturation and coarse crackles over the lungs were registered. The abdomen was without any pain or signs of peritonism. The patient underwent intensive care to stabilize the pulmonary and cardiac situation. Also conspicuous was a mild anemia. After two days the situation has been stabilized. Now for the first time it was really noticed that the patient had a massive swallowing disorder. First we worked with the speech therapist to resolve the problem. In the case history such massive problems have never been reported. Finally a gastroscopy was carried out. During the examination there was a huge conglomerate which was adhesive to the Stomach wall and appeared like blood clots. With a loop it was tried to extract the conglomerate. It showed that it was very hard so that only small parts of it could be removed. At last a bezoar was suspected and a second gastroscopy has been carried out for the following day. Multiple different attempts to recover the bezoar are failed. The foreign body could be resolved from the stomach wall and a small ulceration was seen. There was no bleeding at that time (Figures 1-3).

The next step was tried to disintegrate the bezoar with coca-cola over a time of three days. This attempt failed too. Therefore laparoscopic surgery took place. Anterior gastrostomy was performed and the bezoar could be retrieved. It showed a 7 cm long foreign body. Histology showed a bezoar out of polystyrene. The patient recovered quickly and the swallow problems have been gone. He

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*Correspondence:

Matthias Raggi, Department of General and Visceral Surgery, Sana Karl-Olga-Krankenhaus Stuttgart, Hackstrasse 61, 70190 Stuttgart, Germany, Tel: +49-711-26390;

E-mail: matthias.raggi@sana.de

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Figure 1: Bezoar of the stomach in a man, aged 86 years.



Figure 2: The Bezoar in the stomach during laparoscopy.

could be discharged in a good health condition.

Discussion

In the literature are mostly case reports about different kinds of bezoars to be found. There are some predestinated groups of patients in which bezoars are found more often than in others. It is known that in young women especially if they have psychological, emotional or



Figure 3: The team trying to extract the bezoar.

social problems the incidence of bezoars is higher. Also bezoars can be a standalone diagnosis in cases of phytobezoars or pharmacobezoars. In our case the patient presented first of all with pneumonia and cardiac problems. He had no abdominal pain and the only symptom was a swallowing disorder. This is often a typical problem in patients with dementia [1]. Our first thought was to give up port by a speech therapist. Regarding the explanations of the son we also considered the other problem. Especially as we saw a mild anemia which could have multiple reasons including gastrointestinal bleeding. When you hear hooves, there are probably horses, not zebras. Maybe we should think more often of the zebras.

In a high percentage of cases the bezoars in the stomach could be treated endoscopically. Often it's possible to break up the bezoar mechanically or with substances like coca-cola. In this case the polystyrene got very firm. Multiple attempts to solve the problem endoscopically are failed and a surgical procedure was necessary. This could be managed laparoscopically by opening the stomach to extract the bezoar.

References

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