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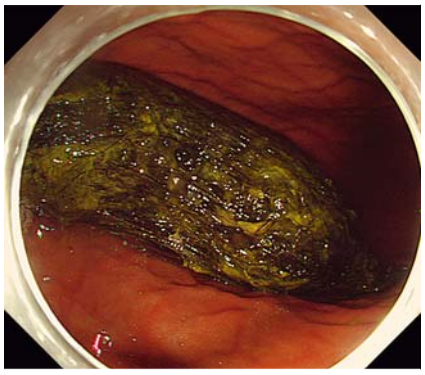
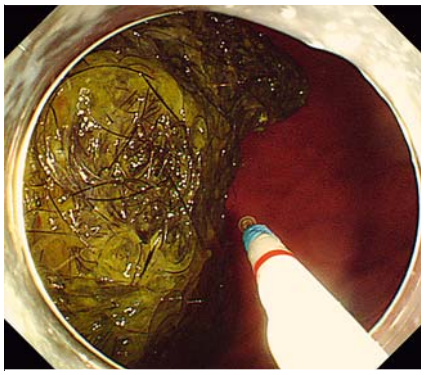
Endoscopic retrieval of a huge gastric trichobezoar using an electrosurgical knife

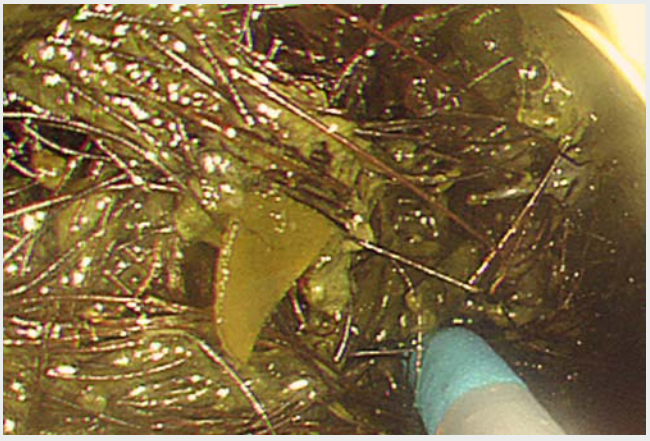


▶ **Fig. 1** Endoscopic image showing a large gastric trichobezoar in a 22-year-old patient.



▶ **Fig. 2** The trichobezoar was broken up using an electrosurgical knife.

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



Video 1 Endoscopic retrieval of a large gastric trichobezoar after fragmentation into several pieces using an electrosurgical knife.

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 electrosurgical 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, 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 electrosurgical 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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