

CLINICAL IMAGE**Snapshot in surgery: How do you approach this 12-year-old girl?**Roberto Bustos | Federico Gheza  | Mario Masrur

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Key Clinical Message

This case open questions about the dimensional limit for a laparoscopic treatment of a giant bezoar. A minimally invasive option should be considered every time a gastric obstruction is suspected, particularly for psychiatric patients, for whom a short hospital stay can be greatly beneficial.

KEYWORDS

bezoar, gastric, giant, laparoscopic, obstruction

1 | QUESTION

How do you approach this 12-year-old girl with nausea and vomiting?

2 | ANSWER

This young lady affected by trichotillomania presented with nausea and vomiting and a CT scan was obtained (Figure 1).

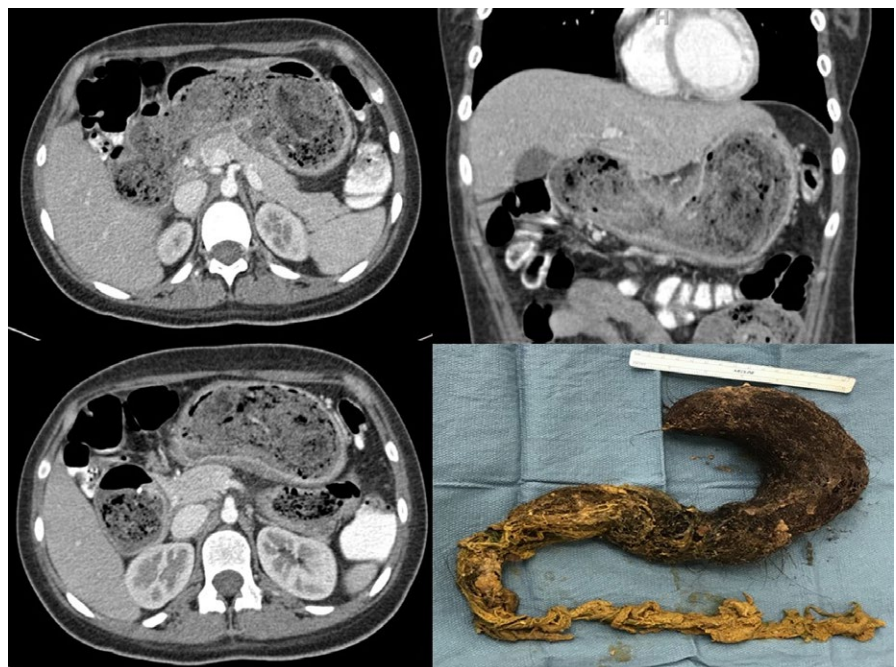


FIGURE 1 Abdominal CT scan showing distended stomach occupied by bezoar and picture of the specimen

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Small bezoars are routinely removed endoscopically. In case of huge bezoars, open surgery is the gold standard, but a laparoscopic approach can be attempted.

In this case, after the pneumoperitoneum was achieved and ports were placed, the gastrotomy was performed with Ligasure™ and the bezoar was taken out. The stomach was then closed. The bezoar was placed on an endobag and removed from the abdominal cavity via a 5 cm Pfannenstiel incision, covered by a wound protector. Postoperative course was uneventful and patient was discharged on postoperative day 3. At the last follow-up, 2 months later, the patient was asymptomatic.

CONFLICT OF INTEREST

None declared.

AUTHORSHIP

RB: drafted the article and data and images collection. FG: participated in the design of the work and critical revision. MM: performed surgery during the case, critical revision, and final approval.

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