Video

A Novel Method of Endoscopic Retrieval of Massive Gastric Trichobezoar

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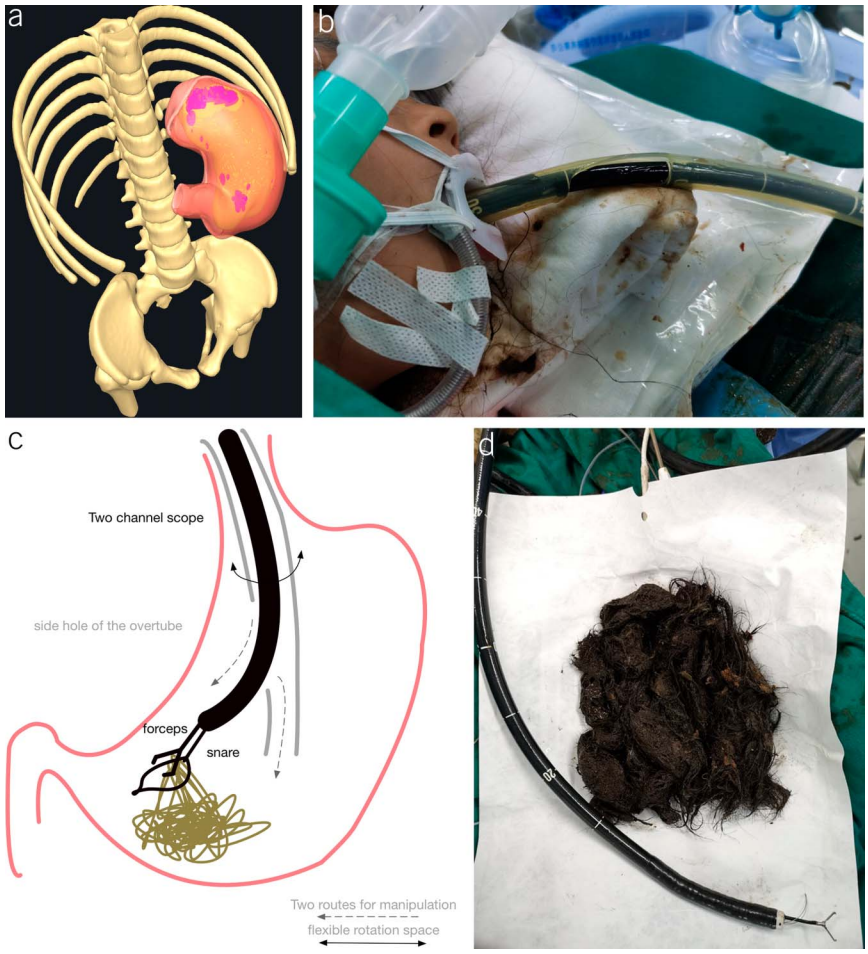

Trichobezoars occasionally occur in patients with pica. The conglomerate mass composed of hairs and undigested materials often results in intestinal obstruction. Here, we describe a case of massive gastric trichobezoar that is successfully removed using a novel endoscopic method. A 9-year-old girl with pica presented with recurrent vomiting and abdominal pain for several days. The abdominal computed tomography revealed a large heterogeneous mass located in the stomach. The endoscopic examination showed that the hair-like fibers occupied the entire stomach, and it was considered as a trichobezoar (**a**). Endoscopic intervention was attempted to remove the trichobezoar under general anesthesia. An overtube channel was first created using a plastic sheath between the oral cavity and stomach to facilitate the reintroduction. The sheath was then modified with a side hole to maximize space for scope manipulation (**b**). Next, a 2-channel scope (GIF-2TQ160M, Olympus) was used to insert a wide-caliber foreign body forceps (FG-48L-1, Olympus) and polypectomy snare (SAS-1-S, Cook). Part of the trichobezoar was captured by the forceps; then, the snare was extended and it encircled a bunch of hairs (**c**). The combined use of forceps and snare greatly reinforced the power to grasp and simplified fragmentation (Watch the Video, Supplementary Digital Content 1, http://links.lww.com/AJG/B816). Trichobezoar was piecemeal disrupted and removed by retracting the scope and devices simultaneously. Finally, the trichobezoar was completely removed by repeating the processes above (**d**). In this case, we presented a novel method for efficient endoscopic retrieval of trichobezoar. The core technique is the combination of forceps and snare to strengthen the force of grasp and pulling, making efficient fragmentation of trichobezoar possible. Moreover, a simple way to optimize overtube is shown, which may be extended to the endoscopic treatments requiring reintroduction of scope and flexible maneuver space. (Informed consent was obtained from the patient to publish these images.)

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