Journal of Clinical and Medical Images

Case Report

ISSN: 2640-9615 | Volume 7

A Rare Case of Upper Gastrointestinal Bleeding: Gastric Bezoar

Benhamdane A*, Chaibi R, Mrabti S, Addajou T, Berraida R, El Koti I, Rouibaa F and Seddik H

Department of Gastroenterology II, Mohammed V Military Hospital, Morocco

***Corresponding author:**

Benhamdane A,
Department of Gastroenterology II, Mohammed V Military Hospital, Morocco

Received: 26 May 2024
Accepted: 01 July 2024
Published: 06 July 2024
J Short Name: JCMI

Citation:

Benhamdane A, A Rare Case of Upper Gastrointestinal Bleeding: Gastric Bezoar. J Clin Med Img. 2024; V7(20): 1-2

Keywords:

Bezoar; Gastrointestinal bleeding; Gastric

A 56-year-old male patient, active smoker, with no other specific history. Admitted for upper GI hemorrhage. Clinical examination revealed a conscious, hemodynamically stable patient with discrete epigastric tenderness and melena in digital rectal examination. Laboratory study showed an anemia of 11.7 g/l normochromic normocytic; the rest of blood test was unremarkable. Upper intestinal endoscopy revealed a 3 cm bezoar in the fundus that could not be removed using biopsy forceps or polypectomy snares (Figure 1). Treatment consisted of surgical removal of the bezoar. Progress was favorable.

Bezoars, rare entity, are accumulations of undigested material that gather in the digestive system. They are categorized based on their composition, with phytobezoars (made of plant or fruit fiber) being the most prevalent type [1]. They typically develop in individuals with certain risk factors, including a history of gastric surgery, neuropsychiatric disorders, endocrine issues, or other conditions that affect gastric function or peristalsis [2]. While some bezoars may be asymptomatic, they commonly manifest as abdominal discomfort, pain, nausea, vomiting, difficulty swallowing, or appetite and weight loss [2,3]. Upper gastrointestinal endoscopy is crucial for both diagnosing and treating bezoars. Treatment options available are chemical dissolution using enzymes like cellulase or papain, Coca-Cola irrigation, prokinetics, N-acetylcysteine, endoscopic fragmentation and removal, or surgical intervention [3].

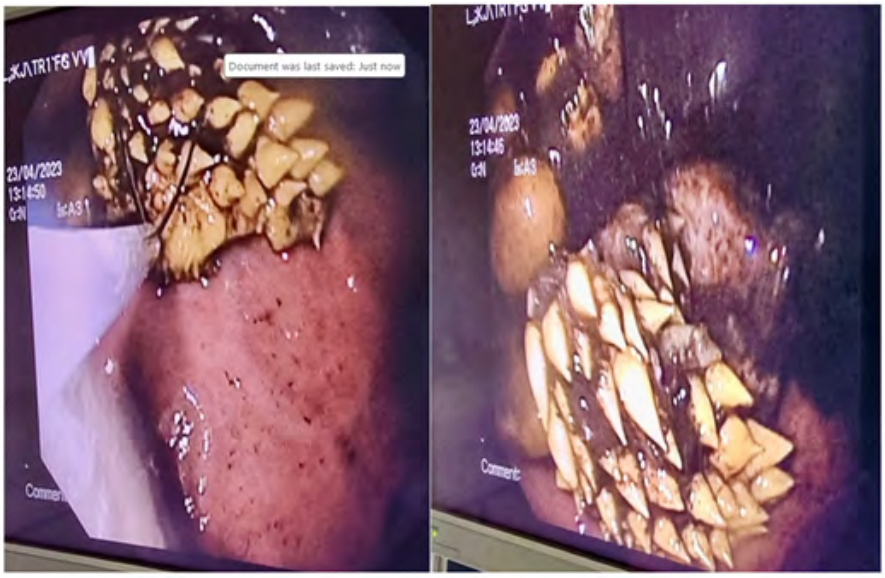

Figure 1: Gastric Bezoar

References

1. Scurci S, Kozol R. Foreign Bodies and Bezoars of the Stomach and Small Intestin. In: Zuidema GD, Yeo C, Shackelford RT. Shackelford's Surgery of the Alimentary Tract. Vol 1; 8th Edition. WB Saunders. 2019; 750-4.
2. Iwamuro M, Okada H, Matsueda K, Inaba T, Kusumoto C, Imagawa A, et al. Review of the diagnosis and management of gastrointestinal bezoars. World J Gastrointest Endosc. 2015; 7(4): 336-45.
3. Lin L, Wang C, Wu J, Liu K, Liu H, Wei N, et al. Gastric phytobezoars: the therapeutic experience of 63 patients in Northern China. Rev Esp Enferm Dig. 2020; 112(1): 12- 5.