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DOI: 10.17235/reed.2021.8311/2021 Link: <u>PubMed (Epub ahead of print)</u>

Please cite this article as:

Ventura Sofia, Pinho Juliana, Cancela Eugénia, Silva Américo. Bezoar: an uncommun cause of upper gastrointestinal bleeding. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8311/2021.

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REVISTA ESPAÑOLA DE ENFERMEDADES DIGESTIVAS The Spanish Journal of Gastroenterology

Bezoar: an uncommon cause of upper gastrointestinal bleeding

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Keywords: Bezoar. Upper gastrointestinal bleeding. Gastric ulcer.

Introduction

Bezoars are aggregates of non-digestible material that accumulate in the gastrointestinal tract. They can be classified according their composition and phytobezoars (composed by vegetable or fruit fiber) is the most common type. (1). They occur more often in patients with some risk factors, namely prior gastric surgery, neuropsychiatric, endocrine or other disorders that lead to abnormal gastric function or poor gastric peristalsis (2). Bezoars may be asymptomatic but most commonly cause abdominal discomfort or pain, nausea, vomiting, fullness, difficulty in swallowing or anorexia and weight loss (2), (3). Upper GI endoscopy for both diagnostic and therapeutic purposes is the key in the managment of bezoars. (3)

Currently, the treatment options available are chemical dissolution with enzymes as cellulase or papain and coca cola irrigations, prokinetics, N-acetylcysteine, endoscopic fragmentation and removal or surgery (2), (3).

Case Report

A 41-year-old patient with history of epilepsy was seen in the emergency department for bloody stools, abdominal discomfort and anorexia for three days. In the past few days, he had consumed a lot of soup with highly fibrous vegetables. Examination revealed abdominal discomfort to palpation in the upper abdominal quadrants and melena in the digital rectal examination. Analytic study revealed acute anemia (4.5g/dL



of hemoglobin) without other alterations. He underwent upper gastrointestinal endoscopy, showing two giant bezoars in the stomach of petrous consistency that couldn't be removed using biopsy forceps and snares of polypectomy; the bezoars were conditioning two gastric ulcers, Forrest IIa and III, that were treated endoscopically. The patient was admitted to Gastroenterology department and was treated with prokinetics and coca cola for chemical dissolution. After five days he repeated upper gastrointestinal endoscopy, but fragmentation and removal of bezoars were ineffective. The patient underwent gastrotomy with extraction of bezoars of stone consistency of about 12cm and 5cm, and the postoperative period was uneventful.

Discussion/Conclusion

We presented a case of a giant phytobezoar in a patient with an unknwon cause of delayed gastric emptying. The authors present this case with the purpose of alerting to the differential diagnosis of upper gastrointestinal bleeding in a young patient with no history of taking drugs, although gastric ulcer conditioning upper gastrointestinal bleeding is a rare condition associated to bezoars.

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Fig. 1 - Gastric bezoar of petrous consistency, with Forrest IIa and III gastric ulcers in the corpus (stomach).



Fig. 2 – Operatory piece: giant bezoar.