

RCC who presents with intestinal bleeding and obstruction. Endoscopy and abdominal CT scan

can add useful information about the diagnosis in such cases.

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An unusual localization of trichobezoar in the appendix

Alışılmadık bir yerleşim; appendikste trikobezoar

To the Editor,

A 50-year-old female presented to the emergency department with an acute abdominal pain that had initially started 12 hours earlier from the periumbilical region and localized to the right lower quadrant 4 hours later. She had accompanying symptoms of low-grade fever, nausea, vomiting, dysuria, and frequency. Physical examination revealed appendicitis regarding rebound tenderness in the right lower quadrant; a rectal exam was also performed and was normal. Routine laboratory studies disclosed leukocytosis with shifting to the left. According to the clinical and laboratory findings, an open appendectomy was performed 2 hours later. The appendix was clearly congested, and a mass of hair found in the appendix was determined to be the cause of the obstruction (Figure 1).



Figure 1. Gross appearance of the appendix with intraluminal hair shafts.

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Histopathological investigation confirmed the diagnosis (Figure 2). No history of trichotillomania or evidence of hair loss was found during the physical examination at the time of admission. Psychiatric interview after the surgery revealed no major psychotic disorders.

Among the causes of appendicitis, foreign bodies are the most uncommonly reported pathology. Different types of exotic foreign bodies have been found in the lumen of acutely inflamed appendices; however, there are few reports on trichobezoars as the cause of obstructive appendicitis (1,2). Trichobezoars are classically described as concentrations of hair fibers and are often found in young women with psychotic disorders or in mentally retarded children (3). Trichobezoars are usually noted in patients who have a compulsion to pull out their hair, termed trichotillomania (3, 4). There have been only a few reports thus far on trichobezoar-associated appendicitis, which have all mentioned a history of trichotillomania or other psychosomatic disorders, unlike the present case, in whom no other accompanying disorders were determined. We would like to emphasize not only the rarity of appen-

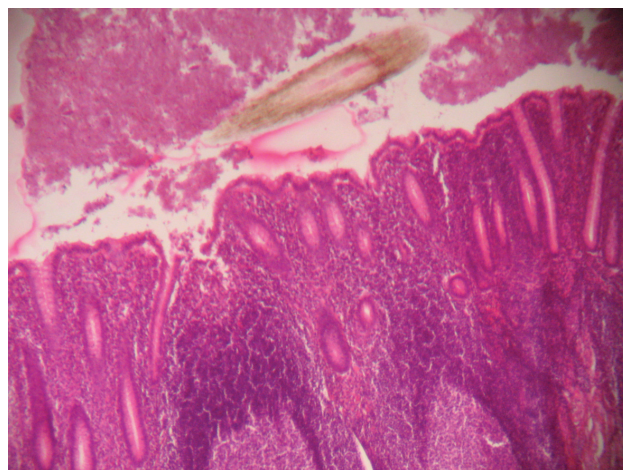


Figure 1. Cross-section of the appendix wall tissue revealing intraluminal hair shaft.

dicitis due to trichobezoar formation, but also the importance of considering a trichobezoar formation during the investigation of a patient with gastrointestinal obstruction symptoms or any possible emergent manifestation of appendicitis, even in the absence of any previous history of trichophagia.

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Amyloid colitis

Amyloid kolit

To the Editor,

Gastrointestinal involvement is common in patients with systemic amyloidosis; however, the ma-

jority of the patients with gastrointestinal amyloidosis are asymptomatic (1). Different types of co-

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