



A 52-year-old man with abdominal pain and distension

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Question:

A 52-year-old man presented with severe abdominal pain and distension for 2 days before which he had a normal bowel movement and flatulence.

Vital signs were within the normal range but he was in distress. He did not have nausea or vomiting. The patient and his family members denied any previous surgery or other similar episodes.

Examination revealed generalized abdominal distension without tenderness, guarding, or rebound. A loaded rectum was noted on digital rectal examination.

On admission to the hospital, his white blood cell count was 11,200 cells/mL (normal range: 4,000-10,000). Other laboratory tests evaluating hemoglobin, arterial blood gas, and levels of sodium, potassium, blood urea nitrogen, and creatinine were within normal limits. Abdominal radiography revealed numerous opaque shadows (arrows) in the stomach and intestine (Figure 1). What is your diagnosis?



Figure 1. Abdominal radiography shows numerous opaque shadows in the stomach and intestine

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Answer: Pica, schizophrenia, lithobezoar

On further questioning, his family reported that he had a history of schizophrenia without treatment compliance and consuming soil and stones for the preceding 30 years. The patient also confirmed a history of passing stones. Stool examination revealed multiple small stones, and he was diagnosed with lithobezoar. He was not capable of making decisions; therefore, family members were counseled about the possible treatment options. Because of the prolonged period of consuming soil and stones, passing stones, lack of obstruction symptoms/signs, and family preferences, a decision was made to conservatively manage the patient using medical therapy.

The patient's symptoms improved with laxatives and rectal lidocaine gel. His posttreatment course was uneventful and he is currently under the care of both psychiatric and gastroenterology services to monitor his progress.

The accumulation of indigestible foreign bodies (e.g., rock, hair) in the gastrointestinal tract may form bezoars and result in partial or complete mechanical obstruction in the digestive tract (1,2). Gastrointestinal lithobezoars are very rare and are noted in patients with psychiatric disorders or history of pica (3). The treatment modalities for bezoars include medical therapy, endoscopic procedure, and surgical management (3). Patient's condition, early manifestations, the location of bezoar, and the presence of any adverse complications are factors that determine the most effective treatment modality. Medical therapy, except pain control, is not indicated in patients with gastrointestinal obstruction symptoms/signs. Because a bezoar is in

itself a sign of an underlying medical (e.g., motility disorder) or psychiatric (e.g., schizophrenia) condition, removing bezoar and the treatment of the true cause must be considered. Long-term follow-up is usually required to assess relapses and response to treatment.

Ethics Committee Approval: Ethics committee approval was received for this study from the Institutional Review Board of Larestan School of Medical Sciences (Decision Date: 10.01.2017/Decision No: 94/S/9/40/9876).

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

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