Case Report

Laparoscopic Management of Acute Pancreatitis Secondary to Rapunzel Syndrome

Bijan Koushk Jalali, Alperen Bingöl, and Ashraf Reyad

Department of Surgery, The Johns Hopkins Hospital, 1800 Orleans Street, Baltimore, MD 21287, USA

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Abstract

A 17-year-old girl presented with bilious vomiting and abdominal pain to the surgery department. The history was positive for trichotillomania and trichophagia. A CT scan showed a mass in the stomach, which was highly suspicious for a gastric bezoar. Drooping parts of the bezoar caused a duodenal obstruction with secondary acute pancreatitis. The bezoar was removed via a laparoscopically performed gastrotomy.
The management of acute pancreatitis has been controversial over the past decades, varying between a conservative medical approach on the one hand and an aggressive surgical approach on the other. There has been great improvement in knowledge of the natural course and pathophysiology of acute pancreatitis over the past decade. The clinical course of acute pancreatitis varies from a mild transitory form to a severe necrotising disease. Most episodes of acute pancreatitis (80%) are mild and self limiting, subsiding spontaneously within 3–5 days.