

## Intra-gastric fat and air trapping: Sign of Bezoar

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### Clinical Image

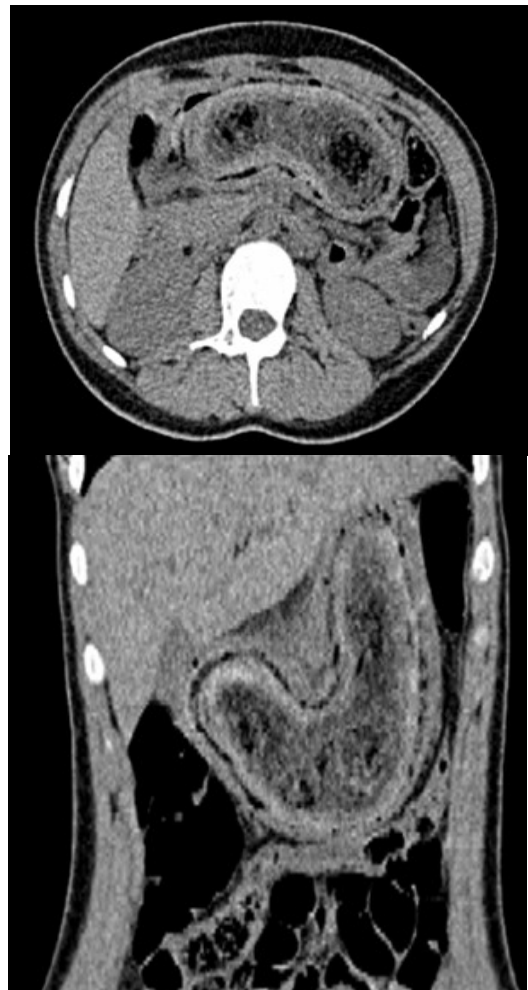
The "bezoar" is a rare cause of intestinal occlusion, it corresponds to the unusual accumulation, in the form of solid mass or concretion, of substances of various natures inside the digestive tract and more particularly in the stomach.

The nature of these substances determines the type of bezoar [1]. There are several types:

- Lactobezoars: composed of curdled milk, observed in infants;
- Phytobezoars: formed by a conglomerate of plant fibers;
- The Pharmacobezoar: formed by drugs such as Kayexalate resin
- The trichobezoar (Figure 1): is most common in our context and is made of hair or carpet fibers, intertwined with each other most often in the gastric lumen [1].

The contributing factors are gastric motility disorders such as gastric surgery, gastroparesis, a vegetarian diet too rich in fiber, and a psychiatric disorder specially trichotillomania.

The diagnosis in imaging is made by abdominal CT showing an intra-gastric or sometimes duodenal ovoid mass: with very limited contours presenting a pseudo-shell and trapping air "air trapping sign" with a mixed pseudo-fat density "Fat density floating fibers" and without taking contrast. (Figure 1) At the occlusion stage, digestive distension is associated upstream. [2]. Management can be simple monitoring but may involve surgery.



**Figure 1:** Abdominal CT in coronal section (a) and axial (b) without injection of contrast agent: showing a well-limited gastroduodenal endoluminal mass molded by the gastric and intestinal walls and trapping air with a pathognomonic heterogeneous fatty appearance of bezoar.

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