Phytobezoar of the Stomach – Laparoscopic Approach

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Dear Sir,

We would like to commend Park and Chae [1] for their interesting clinical image entitled ‘Phytobezoar of the Stomach’, where they described and well illustrated a rare finding of the accumulation of ingested fibrous material in the stomach, which resulted in the formation of a gastric phytobezoar.

They note that modern management usually begins with attempts at chemical dissolution of the bezoar followed by an endoscopic approach as a second treatment modality when chemical dissolution failed. According to the authors, surgery should be performed in cases where other measures have failed.

We had a similar case and we wish to add some comments regarding this topic. We report the case of a 59-year-old woman who was admitted with epigastric pain, nausea, vomiting and feelings of a moving ball in the stomach. Endoscopy revealed a giant phytobezoar in the stomach measuring 12 cm in its largest diameter (fig. 1) with a large ulcer affecting the gastric mucosa (fig. 2). Conservative and endoscopic approaches failed, but we performed a laparoscopic approach instead of open surgery and successfully treated this gastric phytobezoar (fig. 3, 4). We would like to stress that a laparoscopic approach is less invasive compared to open surgery in the treatment of this benign disease.

Reference