Tonsillar trichophagia without trichotillomania: a pediatric case and psychiatric considerations

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Letter to Editor

Dear Editor,

Trichophagia, defined as the compulsive ingestion of hair, is a rare but clinically significant condition most often associated with trichotillomania [1]. However, isolated trichophagia without accompanying hair-pulling behavior is exceedingly uncommon, particularly in pediatric populations [2]. We report a rare case of a nine-year-old girl diagnosed with isolated tonsillar trichophagia, emphasizing its psychiatric implications and the importance of multidisciplinary management.

A nine-year-old girl presented with a one-week history of sore throat and dysphagia. Physical examination revealed dark, brush-like hair deposits embedded within the bilateral tonsillar crypts (Figure 1A). There was no alopecia or self-reported hair-pulling behavior. Her mother had obsessive–compulsive disorder, and her father had generalized anxiety disorder, suggesting strong familial psychiatric vulnerability [3]. Tonsillectomy confirmed hair bezoars localized within the tonsillar crypts (Figure 1B). Postoperatively, the patient was referred to a child and adolescent psychiatry clinic for cognitive-behavioral therapy [4] and family-based psychoeducation.

This case underscores that trichophagia can exist independently of trichotillomania and may manifest in unusual anatomical sites such as the tonsils [5]. Clinicians should maintain high diagnostic awareness and consider psychiatric evaluation even when trichophagia occurs without

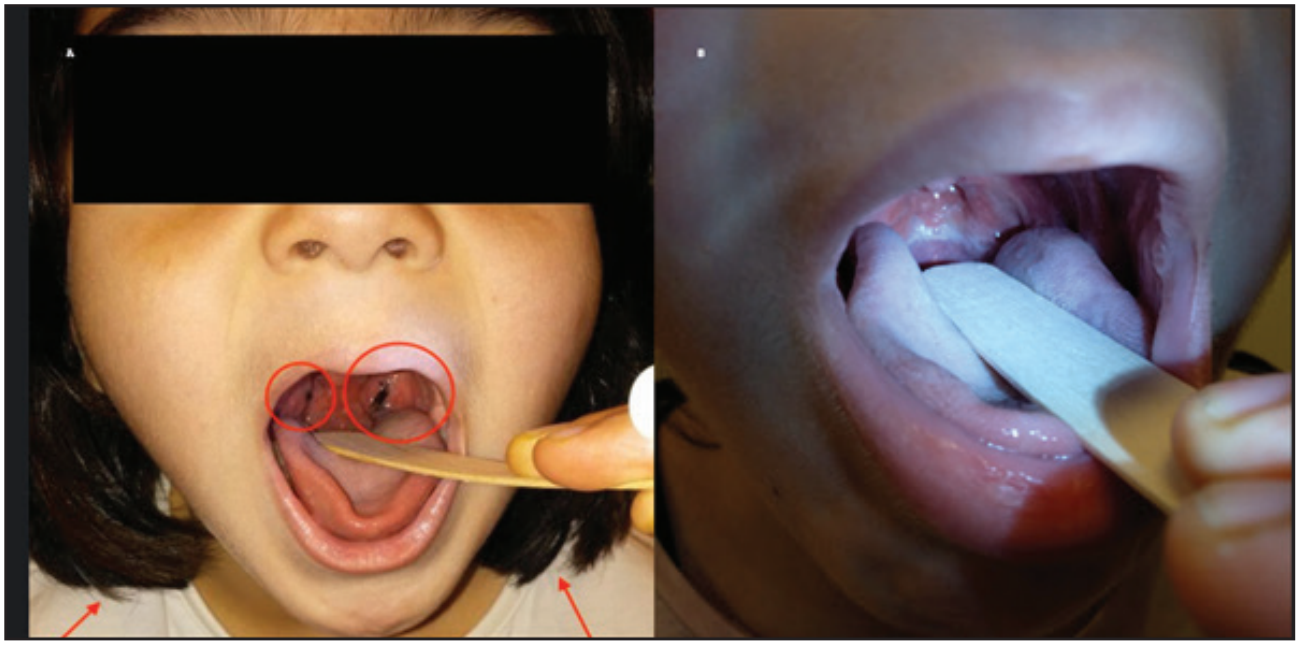

Figure 1. *(A) Dark, brush-like hair deposits embedded within the bilateral tonsillar crypts. (B) Post-tonsillectomy view showing complete removal*

overt hair-pulling. Early psychiatric intervention, combined with surgical management, remains essential to prevent recurrence and address underlying psychopathology.

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None.

Conflict of Interest
The authors declare no conflicts of interest.

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None.

Consent to participate
The study was conducted according to the guidelines of the Declaration of Helsinki. Written informed consent was obtained from the participant included in the study.

Ethical approval
Ethical approval is not required for anonymous case reports at our institution. Our institution (Gaziosmanpaşa Training and Research Hospital) does not require ethical approval for reporting individual cases or case series. Our study is in accordance with the Declaration of Helsinki and CARE guidelines. Written informed consent for publication of identifying images or other personal or clinical details was obtained from the patient. The photographs are completely unidentified, and personal details are not mentioned in the text. The authors are accountable for all aspects of the work and for ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Informed consent
Written informed consent was obtained from the patient's parents for publication of this case and accompanying images.

Data availability statement
All data generated or analysed during this study are included in this published article. The study data were stored. The data used and analyzed during the current study could be available from the corresponding author upon reasonable request.

Author contributions
All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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