PYLORIC STENOSIS

What is Pyloric Stenosis?

Pyloric Stenosis is the narrowing of the pylorus (lower part of the stomach which leads to the small intestine) due to the enlargement or thickening of this muscle. This narrowing causes a blockage which makes digestion difficult. The blockage becomes progressively worse until everything ingested is vomited. This disorder is also called Infantile Hypertrophic Pyloric Stenosis (IHPS).

How Many Children Have Pyloric Stenosis?

Pyloric Stenosis occurs in about one out of every 500 children. It affects boys four times more than girls, is most common in Caucasians, and more common in first-born Caucasian males. It is the most common cause of gastrointestinal obstruction in infants.

How Do You Know If Your Child Has Pyloric Stenosis?

Initially, your baby will eat normally and gain weight until around one-to-two weeks of age. Then, your baby will experience mild "spitting up" which progresses to forceful projectile vomiting. This vomiting is sudden, consisting of partially digested formula or milk which is often blood-tinged,

and so forceful that it is projected to a distance. It usually occurs without nausea and after every feeding, so your baby will remain hungry. Pyloric Stenos is usually noticed in infants ages three-to-twelve weeks since it takes about five weeks for the pylorus muscle to become thick enough to cause complete blockage from the stomach.

Other signs and symptoms of Pyloric Stenosis include weight loss, dehydration, lethargy, infrequent or absent bowel movements, decreased urination, and jaundice (yellowing of the skin and eyes).

If Pyloric Stenosis is suspected, your baby's doctor will usually check for gastric symptoms and perform a physical examination of your baby's abdomen to feel for an enlarged pylorus muscle. If the examination does not reveal a mass, an upper GI (gastrointestinal) barium swallow may be administered. In this procedure, your baby will swallow a small amount of barium, which is a chalky-white liquid, and a video x-ray will show the barium entering your baby's stomach and whether it is able to leave his stomach. Another diagnostic procedure which may be used is an abdominal ultrasound to determine whether the thickness and length of the pylorus muscle are abnormal and whether it is obstructing the outflow of your baby's stomach. In this procedure, a metal wand is moved over your baby's abdomen to take pictures using sound waves.

What Causes Pyloric Stenosis?

Pyloric Stenosis may be present at the birth of your baby or acquired shortly after. The exact cause is unknown. Suggested factors for this disorder include heredity, swelling caused by allergies, muscle and nerve abnormalities in the stomach area, and hormonal imbalances. There have been recent suggestions that it may be due to the lack of the normal receptors on the pylorus muscle which sense the chemical nitric oxide in the body and are cued to relax the pylorus muscle.

How Can You Help A Child With Pyloric Stenosis?

Generally, surgery is required to correct this disorder. Your baby will be given intravenous fluids to correct any electrolyte imbalances and to treat for dehydration. Then, the surgical procedure, called Ramstedt

pyloromyotomy, is performed to relieve the obstruction. The surgeon will use a local anesthesia in your baby's abdominal area, make a small incision in the abdomen, and then cut the pylorus muscle which will then shrink and heal. Your baby will not be allowed to eat for the first six-to-twelve hours after surgery. Then, he will gradually be fed over the next few days. Babies often experience some vomiting during the first few days after surgery. This vomiting is not a cause for concern since it usually resolves on its own. The surgeon will check the incision over the first few days to be sure it does not become infected. Once your baby is able to eat enough, he will be allowed to go home. Generally, this will be one-to-three days after the surgery.

What's In The Future For A Child With Pyloric Stenosis?

Early diagnosis and treatment of Pyloric Stenosis are important to avoid life-threatening dehydration and electrolyte imbalances which can lead to shock. If the condition is treated early, the prognosis for complete recovery for your baby is very good and the condition is not likely to recur.

For More Information:

Birth Defect Research for Children, Inc.
http://www.birthdefects.org