A DROOLING INFANT: A CASE OF INFANTILE HYPERTROPHIC PYLORIC STENOSIS (IHPS): A CASE REPORT

HAZEL MARIE GERMAINE T. MILITANTE, MD



JASON C. CASTRO, MD, FPCS, FPSPS; BRENT ANDREW G. VIRAY, MD; JOVETTE A. VITUG, MD GENERAL EMILIO AGUINALDO MEMORIAL HOSPITAL

physical

INTRODUCTION

Pyloric stenosis, or infantile hypertrophic pyloric stenosis (IHPS), is a rare condition in infants characterized by thickening of the pylorus musdes, leading to gastric outlet obstruction. Infants usually appear healthy at birth. The cause is unknown, but there is an increased risk associated with macrolide antibiotics and erythromycin exposure.

indude Symptoms projectile vomiting after feeding and a palpable abdominal mass. Diagnosis is through made abdominal sonography and fluoroscopic upper GI series.



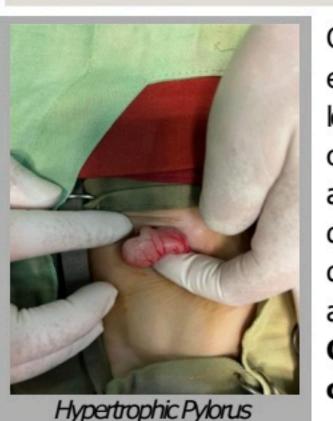
Narrowed pylorus (stenosis) Pylorus after surgery

IHPS occurs in 2 to 5 per 1000 live births annually, more commonly in males (4:1 ratio) and white populations. It's less common in Indian, Asian, and Black populations.

The World's Congress of Surgery

CASE REPORT

This is the patient, a 2-month-old female, born term to a 37-year-old G1P1 (1001) via normal spontaneous delivery with one month history of excessive drooling and projectile non-bilious vomiting after feeding.



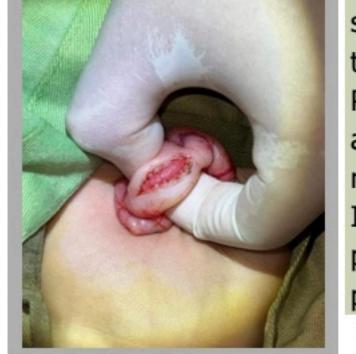
examination she was weak looking, dehydrated, with weak cry and poor activity. Her abdomen was soft and nondistended with essentially normal digital rectal examination. Whole abdominal UTZ revealed an Olive shaped structure and consistent with obstruction.

targeted

CONCLUSION

Hypertrophic pyloric stenosis is one of the leading causes of upper GI obstruction in the early life. It is more common in the male gender, but in this case, a female patient was presented.

Abdominal ultrasound is the gold standard in diagnosing IHPS. In a low to middle income country like the Philippines, ultrasound is not readily available especially in Rural areas making the diagnosis of IHPS difficult. IHPS should always be included in patients who presents with drooling, projectile vomiting and food intolerance



Hypetrophic pyloric segment post Ramstedt procedure

Diagnosis was Upper Gastrointestinal Obstruction probably secondary to Pyloric Stenosis. Patient was referred to our pediatric surgeon and underwent Ramstedt Procedure. The intra-operative and post-operative was uneventful and was discharged improved.





50th World Congress of the International Society of Surgery ISS/SIC

International Surgical Week

Kuala Lumpur, Malaysia



