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PYLORIC STENOSIS

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Pyloric stenosis, also called infantile hypertrophic pyloric stenosis, is a condition caused by an enlarged pylorus. The pylorus is a muscle that opens and closes to allow food to pass through the stomach into the intestine. When this muscle becomes enlarged, feedings are blocked from emptying out of the stomach. The retained feedings cause the infant to vomit. There is no known reason for enlargement of the pylorus. It is more common in boys than girls and usually affects children who are born at full term. It rarely occurs in premature infants. Although not thought to be hereditary, pyloric stenosis occurs more commonly in children of parents who had pyloric stenosis themselves as infants. Infants with pyloric stenosis typically begin vomiting during the first month of life, but onset of symptoms may be delayed. The main symptom of pyloric stenosis is vomiting undigested breast milk or formula soon after a feeding. Vomiting usually begins at four weeks of age but can happen as early as two weeks after birth. Once vomiting begins it becomes more frequent, and severe, and is often described as "forceful" or "projectile an examination of the abdomen may allow the doctor to feel the enlarged pyloric muscle (called an "olive"). If the pylorus cannot be felt, pyloric stenosis can be diagnosed by ultrasound study or by x-rays taken after the infant drinks a liquid called "contrast." Pyloric stenosis does not get better by itself and must be corrected with an operation. The operation is called a "pyloromyotomy before surgery, dehydration and hypochloremic alkalosis must be corrected, generally with an initial normal saline fluid bolus followed by infusions of half-normal saline containing 5% dextrose and potassium chloride when urine output is observed.

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