

Pyloric Stenosis

Pyloric stenosis is a relatively common condition in infants. The bottom portion of the stomach becomes narrowed, blocking the normal passage of food. This can cause forceful vomiting, called projectile vomiting. Surgery is highly successful in curing pyloric stenosis.

What is pyloric stenosis?

Pyloric stenosis occurs when the part of the stomach leading to the small intestine, called the pylorus, becomes narrowed and blocked so that food cannot reach the intestines. The cause is unknown. The main symptom is vomiting, which often comes out in a strong stream.

If the condition goes unrecognized for a long time, inadequate nutrition and growth problems may occur. Although pyloric stenosis is a potentially serious condition, it is curable with surgery.

What does it look like?

- The main symptom is vomiting:
 - Vomiting usually starts after the first few weeks of life—rarely after 5 months.
 - It usually occurs shortly after feeding.
 - Projectile vomiting often occurs: the vomit comes out in a forceful stream.
- ! If vomiting has been going on for a long time, the vomit may appear brown (like coffee grounds). *This is a sign of bleeding in the stomach; call our office or go to the emergency room immediately.*
- Because of vomiting, your child may become dehydrated. Symptoms of dehydration include dry mouth, decreased tears, fewer wet diapers.
- If pyloric stenosis is not recognized and treated, your infant may have signs of poor nutrition. He or she may show signs of slow growth and be hungry all the time.
- Your doctor may be able to feel a small, “olive-shaped” bump in your child’s abdomen. This is the narrowed part of the pylorus, and it’s a key sign that pyloric stenosis is causing your baby’s vomiting.
- A small number of infants with pyloric stenosis have other congenital abnormalities or birth defects.

What causes pyloric stenosis?

- An abnormal thickening of the circular muscle (pylorus) around the “outlet” leading from the stomach to the intestine.

- The cause of this abnormal thickening of the pyloric muscle is unknown.

What are some possible complications of pyloric stenosis?

- It prevents your baby from getting enough to eat or drink, causing dehydration. If the condition goes on long enough, problems with nutrition and growth may occur.
- An imbalance of salts (electrolytes) in your child’s body may occur. This could lead to further complications if not corrected.
- Complications of the operation performed to treat pyloric stenosis are possible but very uncommon.

What puts your child at risk of pyloric stenosis?

- Pyloric stenosis is a relatively common condition, affecting 2 to 3 out of 1000 infants.
- It is more common in first-born children.
- It is more common in boys than in girls.
- It is most common in families of Northern European origin.

Can pyloric stenosis be prevented?

There is no known way to prevent this condition.

How is pyloric stenosis diagnosed and treated?

- If the doctor suspects pyloric stenosis, he or she may order tests such as ultrasound scans or an “upper GI (gastrointestinal) series.” The upper GI series uses a material called barium that shows abnormalities of the stomach and duodenum on x-rays. However, if the doctor can feel the olive-shaped bump (the narrowed part of the pylorus) in your child’s abdomen, these tests may be unnecessary.
- Babies with pyloric stenosis need hospital treatment. The first step is intravenous (IV) fluids to treat dehydration and electrolyte imbalances caused by frequent vomiting.
- Your baby needs a relatively simple operation, called a *pylorotomy*, to treat pyloric stenosis. An anesthetic is used to put your child to sleep during the operation.
- The surgeon splits the abnormally enlarged muscles surrounding the pylorus. This allows food to pass normally from your baby’s stomach into the small intestine.
- Vomiting may continue for a while as your child is recovering from the operation. However, it gradually disappears as healing occurs.

208 ■ Pyloric Stenosis

- There is a low risk of other complications after pylorotomy, such as infection or scarring. Your baby will receive close follow-up care after the operation.
- The surgeon will provide detailed instructions on caring for your infant, including wound care, after the operation.
- Pylorotomy almost always cures pyloric stenosis immediately and permanently. Feeding usually starts within 12 to 24 hours after the operation. Your baby should be eating normally within a few days.
- Continued and/or worsened vomiting. (Vomiting may continue for a few days after the operation but should gradually decrease.)
- High fever or pain, swelling, redness, bleeding, or fluid draining from the surgical wound.
- No improvement in feeding and/or weight gain in the weeks after the operation.



When should I call your office?

After treatment for pyloric stenosis, call our office if any of the following occurs: