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Guidelines on immediate management in pediatric patients with childhood pyloric hypertrophy

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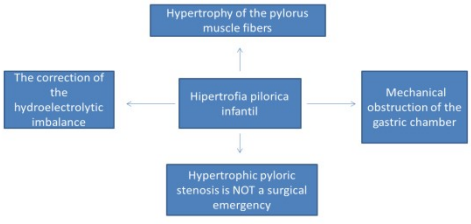
Abstract

Childhood pyloric hypertrophy is a common cause of gastric outlet obstruction in infants presenting as a more common surgical emergency of childhood. The incidence is between 1-3 in every 1000 live births, with a higher frequency of 4: 1 in the male sex. It is more frequent in the Caucasian race and less frequent in Asian countries. It is an acquired disorder of unknown etiology causing hypertrophy of the pylorus muscle fibers, causing mechanical obstruction in the gastric chamber, producing associated metabolic alterations. Patients with suspicion of this diagnosis have non-biliary vomiting, from 3 to 6 weeks of age, vomiting is in projectile, in severe cases it can cause significant weight loss and developmental delay.

Clinically, the palpable "pyloric olive" can be found in the epigastric region, in ultrasound the dimensions with a predictive value greater than 90% are muscular thickness greater than 4 mm and the length of the pyloric canal greater than 17 mm, the classic radiological signs are the "sign of the cord "and the" shoulder sign "caused by the hypertrophied muscle that protrudes into the gastric canal. Hypertrophic pyloric stenosis is NOT a surgical emergency, the loss of fluids and electrolytes must be corrected with the established schemes according to the degree of dehydration prior to the surgical intervention. If the imbalance is mild to moderate, the correction will take 24 to 48 hours and if it is severe up to 72 hours. The correction of the hydroelectrolytic imbalance prior to surgery prevents metabolic complications.

In the Maternity an Children hospital Atizapan State of Mexico, we attend3,500 births per year ,of which 350 require management in the intensive care units of the newborn (10%). With extensive experience in surgical procedures with pyloric hypertrophy resolution of 25 to 30 cases per year.



Biography:

Noe Villanueva Lopez is a Pediatric Surgeon dedicated to the care of newborns. He is a Chief in charge of Pediatric Division in the Maternity and Children Hospital Atizapan State of Mexico. He has completed his Master's in Public Administration from UVM and has obtained his Bachelor of Medicine from UNAM.

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