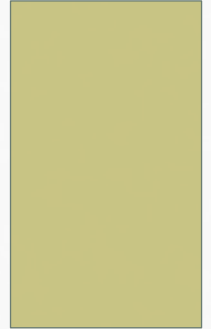


PYLORIC STENOSIS

ALLEN YIU, MD MBA
UCI-CHOC PEDIATRICS, PGY1
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OBJECTIVES

- Recognize the classic presentation and lab findings
- Differentiate between other diagnoses
- Understand the management and treatment



ETIOLOGY

- Unclear, mostly multifactorial
 - Environmental: maternal smoking, bottle feeding
 - Genetic: susceptibility locus that contains APOA1 gene cluster
 - Antibiotics: Erythromycin and azithromycin, particularly to newborns less than 2 weeks of age



PRESENTATION

- Age: 3 to 6 weeks old, up to 5 months
- Nonbilious, forceful emesis
- Strong appetite with low urine output
 - “hungry vomiter,” seeks to be refed after emesis episode
- Olive-like mass in right upper quadrant
- Labs: hypokalemic, hypochloremic, metabolic alkalosis

DIFFERENTIAL

- Physiologic reflux ("happy spitter"): not associated with electrolyte abnormalities, chronic v progressive
- Cow milk protein allergy: blood-tinged stools
- Adrenal crisis: hypotension with hyperkalemic acidosis
- Obstruction (malrotation, Hirschsprung): bilious emesis, abdominal distention
- Liver disease
 - Acholic stool: biliary atresia
 - Conjugated hyperbilirubinemia: biliary atresia, biliary cysts, Gilbert syndrome



MANAGEMENT

- Definitive management: pyloromyotomy
 - Should only be performed when well hydrated
 - Recently, expert panel provided recommendations of cutoff electrolytes prior to procedure
 - Alkalosis prior to surgery has been associated with an increased risk of postoperative apnea
- If risk for general anesthesia, may perform balloon dilation but does not disrupt the seromuscular ring

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