

INFANTILE HYPERTROPHIC PYLORIC STENOSIS

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Introduction: The pyloric muscle is a sphincter defining the transition between the stomach and duodenum, and prevent backflow of intestinal content to the stomach. Infantile hypertrophyic pyloric stenosis is hypertrophy and hyperplasia of the antro pyloric portion of the stomach, which becomes abnormally thickened.

Purpose: Highlighting the etiology, clinical manifestation, diagnosis and surgical treatment in hypertrophic pyloric stenosis behalf of the literature and case report, comparing open versus laparoscopic procedure.

Materials and methods: The project is based on 20 articles and 5 published case reports regarding hypertrophic pyloric stenosis, and one patient case study.

Results: The etiological factor for infantile hypertrophic pyloric stenosis remains idiopathic, with new risk factor erythromycin that will bind to motilin receptors directly on smooth muscle and cause contraction of pyloric bulb. Infants with IHPS are clinically normal at birth, but they develop a nonbilious forceful vomiting during the first weeks of postnatal life, which is described as "projectile", if the child remains without treatment it will cause dehydration symptoms. The clinical diagnosis hinges on palpation of the thickened pylorus "straightforward after palpation of the olive sign in lateral rectus abdomens muscle after feeding the child". The treatment is surgical with two main methods open pyloromyotomy Ramstedt procedure or laparoscopic pyloromyotomy procedure.

Conclusion: The laparoscopic pyloromyotomy is more effective with less complication and faster time recovery, the progressive is excellent normally without complication.

Key words: Hypertrophic pyloric stenosis, laparoscopic pyloromyotomy, Ramstedt procedure, erythromycin.