The Delayed Diagnoses of Hypertrophic Pyloric Stenosis due to Hospitalization in Neonatal Intensive Care Unit: A Report of 5 Cases

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Abstract

Hypertrophic pyloric stenosis (HPS) is the most common cause of gastric outlet obstruction in infants. It commonly requires surgery. Its incidence is 0.17-4.4 cases per 1,000 live births. The clinical findings of pyloric stenosis typically appear within three to five weeks after birth. Its most important clinical finding is non-bilious projectile vomiting. If its diagnosis is missed in early period, the most common finding is dehydration (with hypochloremic hypokalemic metabolic alkalosis). However the findings of HPS might be frequently masked in infants hospitalized for longer periods in neonatal intensive care unit. Because vomiting is the one of most common symptoms, it may be related to the different etiological factors of vomiting (congenital or genetic causes, NEC, sepsis, nutritional intolerance), blockage of projectile vomiting with gastric drainage by previously inserted indwelling orogastric/nasogastric catheter which prevents development of excessive gastric dilatation. The accurate diagnosis delays with elimination of severe alkalosis and electrolyte disorder and prevention of malnutrition with administered parenteral nutrition. Herein we would like to draw attention the delayed diagnosis of HPS in five neonatal cases who were hospitalized in the neonatal intensive care unit (nicu) for longer periods.

Keywords: Hypertrophic pyloric stenosis; Delayed diagnosis; Newborn

Introduction

Hypertrophic pyloric stenosis (HPS) is ch ! ric sά lɪᵐk n" º" яᵖº" ӓ " He? ic sά lγ lɪ

gastric drainage was applied. T en

enterocolitis, sepsis and prematurity. Feeding through orogastric/ nasogastric catheters and gastric drainage in case of development of intolerance prevent gastric dilation and formation of olive sign. Compensatory replacement of non-bilious residuals by drained, and administration of total parenteral nutrition prevents development of acid-base and electrolyte disorders in these patients. In the literature, cases with delayed diagnosis of HPS have been reported. In an investigation performed by Boybeyi et al. cases with clinical complaints diagnosed as HPS later than the period of infancy have been also reported [3]. However, in the literature, we could encounter only one case with delayed diagnosis who had manifested clinical symptoms of HPS during treatment of their different complaints [11]. Our two cases having genetic and congenital anomalies and three premature patients had been hospitalized from birth. Nutritional intolerance and vomiting