

Box 22-8

Clinical Manifestations of Intestinal Obstruction

Colicky abdominal pain: From peristalsis attempting to overcome the obstruction

Abdominal distention: As a result of accumulation of gas and fluid above the level of the obstruction

Vomiting: Often the earliest sign of a high obstruction; a later sign of lower obstruction (may be bilious or feculent)

Constipation and obstipation: Early signs of low obstructions; later signs of higher obstructions

Dehydration: From losses of large quantities of fluid and electrolytes into the intestine

Rigid and board-like abdomen: From increased distention

Bowel sounds: Gradually diminish and cease

Respiratory distress: Occurs as the diaphragm is pushed up into the pleural cavity

Shock: Caused by plasma volume diminishing as fluids and electrolytes are lost from the bloodstream into the intestinal lumen

Sepsis: Caused by bacterial proliferation with invasion into the circulation

Hypertrophic Pyloric Stenosis

Hypertrophic pyloric stenosis (HPS) occurs when the circumferential muscle of the pyloric sphincter becomes thickened, resulting in elongation and narrowing of the pyloric channel. This produces an outlet obstruction and compensatory dilation, hypertrophy, and hyperperistalsis of the stomach. This condition