

side-lying position or 1 foot or more when in a supine position

- Usually occurs shortly after a feeding but may not occur for several hours
- May occur after each feeding or appear intermittently
- Nonbilious vomitus that may be blood tinged

Infant hungry, avid feeder; eagerly accepts a second feeding after vomiting episode

No evidence of pain or discomfort except that of chronic hunger

Weight loss

Signs of dehydration

Distended upper abdomen

Readily palpable olive-shaped tumor in the epigastrium just to the right of the umbilicus

Visible gastric peristaltic waves that move from left to right across the epigastrium

Therapeutic Management

Surgical relief of the pyloric obstruction by pyloromyotomy is the standard therapy for this disorder. Preoperatively, the infant must be rehydrated and metabolic alkalosis corrected with parenteral fluid and electrolyte administration. Replacement fluid therapy usually delays surgery for 24 to 48 hours. The stomach is decompressed with an NG tube if the infant continues with vomiting. In infants with no evidence of fluid and electrolyte imbalance, surgery is performed without delay.

The surgical procedure is often performed by laparoscope and