

# A Case of Pyloric Web with Fenestration

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## ABSTRACT

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Congenital gastric outlet obstruction can be caused by pre pyloric or pyloric abnormalities. Pyloric atresia is a rare congenital anomaly that causes partial or complete obliteration of the gastric lumen. It constitutes about 1% of all intestinal atresias. The pyloric web is the most common type of pyloric atresia which presents in the neonatal period with nonbilious vomiting just like more common conditions like idiopathic hypertrophic pyloric stenosis.<sup>1</sup> We report a case of a newborn with a pyloric web detected within the first week of life.

**Keywords:** Pyloric web, Pyloric atresia, Gastric outlet obstruction, Low birth weight

\*See End Note for complete author details

## CASE PRESENTATION

Term, Low birth weight (1.98kg) baby delivered normally (mother primi, PIH) who passed meconium and urine on the first day of life, developed non-bilious vomiting on the third day of life. The baby was treated conservatively. On the fourth day baby had further vomiting. The baby was moderately active with normal vitals and the upper abdomen was distended with visible gastric peristalsis. Other systems were within normal limits.

Sepsis screening was negative. A plain X-ray abdomen showed a dilated gastric shadow (**Figure 1**). Ba meal follow-through showed gastric outlet obstruction (**Figure 2**). A laparotomy was done by Paediatric surgeon. The baby was found to have a partial pyloric web with fenestrations at the fundus of the pylorus (**Figure 3**). Pyloroplasty was done. The Baby improved, gained weight and was discharged.

## DISCUSSION

Congenital pyloric atresia is a rare condition. Incidence is approximately 1 in 1 lakh newborns. It constitutes about 1% of all intestinal atresias.<sup>2</sup> It has three anatomic types, type A (membranous or web), type

B (solid cord), and type C (gap between stomach and duodenum).<sup>3</sup> Clinical presentation: A maternal history of polyhydramnios is often reported. Affected infant presents in the first few days of life with non-bilious vomiting and features of gastric outlet obstruction.

Abdominal radiography: single gastric bubble with no air visible beyond the pylorus in complete atresia. In the pyloric web there may be distal air in the intes-

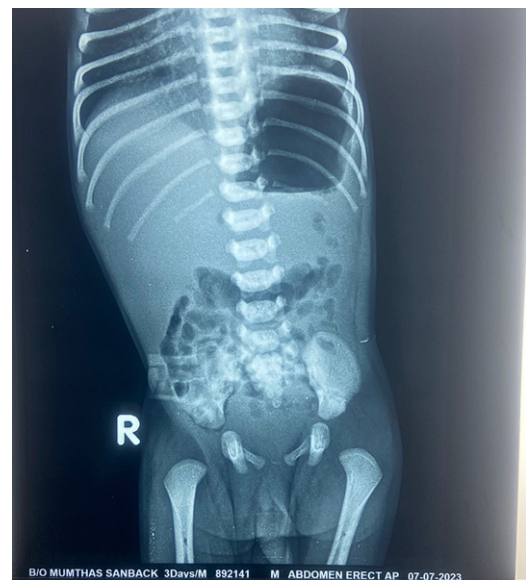


Figure 1. Plain x-ray abdomen : Dilated gastric shadow

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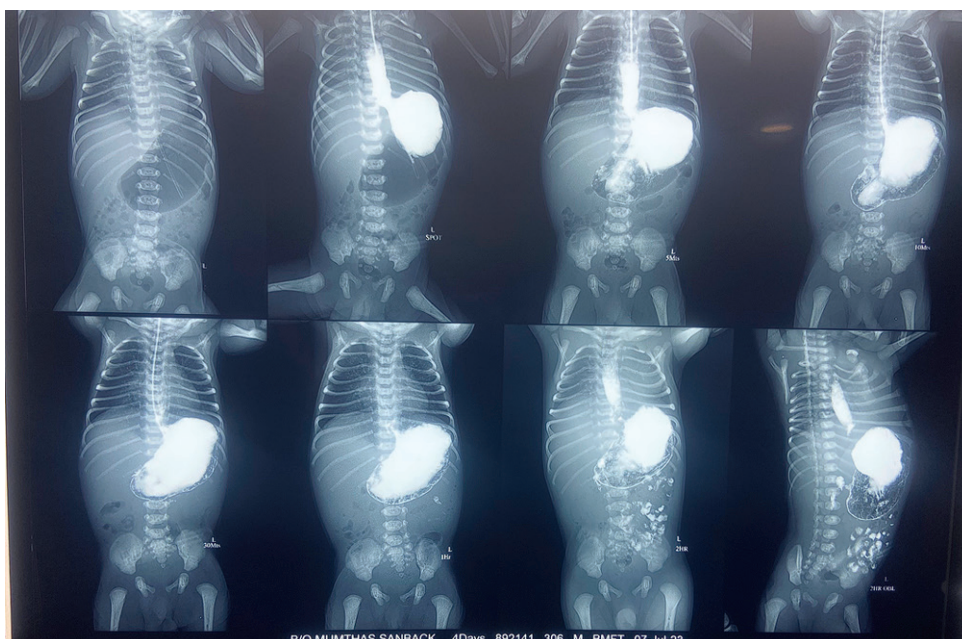


Figure 2. Ba meal follow through : Gastric outlet obstruction



Figure 3. Preoperative picture: Pyloric web

tines. Symptoms of non bilious vomiting, a distended stomach and air noted distal to the stomach, dilute barium or soluble contrast is required for the diagnosis of an incomplete pyloric membrane. Treatment: Gastrotomy and distal passage of catheter may be required to detect membranous obstruction. Excision of a complete or partial diaphragm with Heineke-Mikulicz or Finney pyloroplasty is the procedure.

## END NOTE

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