A Case of Congenital Hypertrophic Stenosis of the Pylorus

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Such cases are perhaps sufficiently uncommon to warrant record.

On 8th December, 1917, and infant 24 days old was admitted to Nelson Hospital with diagnosis of that condition. The history was quite typical:—A boy, at birth vigorous and weighing ten pounds. For the first few days nothing unusual was noticed, excepting food regurgitation, deemed to be normal. Vomiting became troublesome in the second week. During the third week everything taken was vomited, and there was rapid wasting and obstinate constipation. When first seen by Dr. Warneford at 22 days old peristalsis was obvious.

When admitted to hospital weight was 6 pounds 6 ounces, one-third of the birth weight having been lost. Every drink was vomited, usually after an hour, and vomiting was projectile, quite according to the text-book. Strong gastric peristalsis could be seen, and the pyloric mass stood up prominently under the thin abdominal wall. Movement of the bowels was limited to a little bile-stained mucus. The infant was so weak after a seventy-mile journey that he was voiceless.

It was alleged that when less than a week old he had been given a full tablespoonful dose of castor oil, and that he had a teaspoonful of neat brandy frequently when crying at nights.

At first, efforts were made to get some fluid absorbed per rectum; but the large intestine proved quite as intolerant as the stomach, and at no time, with the greatest care and patience, did we succeed in getting anything retained by the bowel.
The only route available was no subcutaneous injection, so he was given saline by that method, containing 5 per cent. glucose. Meanwhile the stomach was washed out and tempted with small sips of albumen water, beef juice, and whey; but everything came back. Nevertheless, the subcutaneous nourishment improved him so that next day he was able to cry.

For a week every endeavour was made to get nourishment in by natural channels, but nothing was retained. Frequently there was no vomiting for eight hours or so, but the longer interval only meant a larger emesis. The stomach was washed out and he was given sterile saline with glucose subcutaneously twice a day. This was really the only nutriment he had. Every day he was weighed, and there was a debate as to operation or further waiting. At the end of a week, there being a further loss of an ounce or two, it was determined to risk all and operate.

Operation was done on 15th December, Dr. Lucas having the unbelievable task of anaesthetist, and Dr. Bett assisting. On the table the infant looked more like a skinned rabbit than one of the human species. The hypertrophied pylorus formed a firm, fusiform mass almost as bulky as a golf ball. Posterior gastro-enterostomy was done without clamps. The operation was not so greatly more difficult than in the adult subject as might be expected, the main difficulty being the location of the duodeno-jejunal flexure. This wasted a few minutes, so that the time occupied to the completion of anastomosis was half an hour. Nevertheless, there were no anaesthetic alarms, and very little shock.

For the first two days there was some regurgitation of bile, but that yielded to stomach washing. Until it ceased the subcutaneous alimentation was continued. Thereafter convalescence was uneventful. Feeding passed through stages of albumen water, whey, and diluted peptonised milk on to humanised milk. There was no more vomiting, and bowels became normal. Weight increased by an average of half a pound per week, but it took eight weeks to regain birth weight. Reports since he returned home state that he is thriving well and is a fine baby.