

Pyloric Stenosis

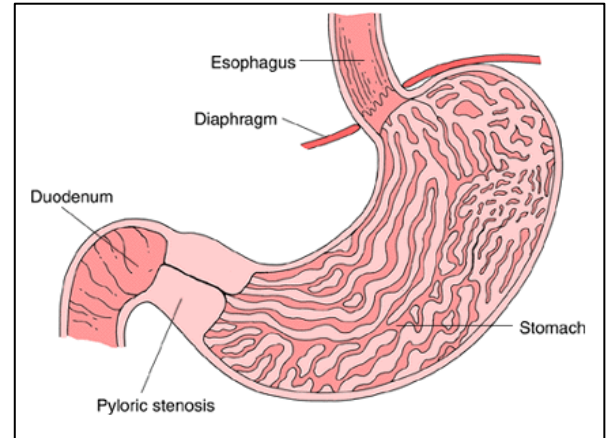
Anesthetic Pearls: Anesthetic Implications of Pyloric Stenosis

Risk Factors:

- Higher incidence in males
- Children of affected parent have a higher incidence

Presentation:

1. Congenital hypertrophy of the pyloric sphincter leads to gradually gastric outlet obstruction.
2. Most frequent cause of gastric obstruction in the first six months.
3. Usually presents with projectile vomiting in fourth to sixth week of life.



Causation of Electrolyte Disturbance:

- Projectile vomiting leads to dehydration.
- Initial compensation by kidneys with secretion of bicarbonate and potassium in the urine.
- Loss of gastric juices containing sodium, potassium, and chloride.
- Resultant: hyponatremic, hypochloremic, hypokalemic metabolic alkalosis with concomitant respiratory compromise

Pre-Anesthesia:

- A. Normalize electrolytes prior to surgical correction.
 1. Normal skin turgor
 2. Sodium > 130 mEq/L
 3. Potassium > 3 mEq/L
 4. Chloride > 85 mEq/L
 5. Urine output at least 1-2 cc/kg/h
- B. Medical urgency but **not** a surgical emergency!

