Endoscopic and Laparoscopic Treatment of Infantile Hypertrophic Pyloric Stenosis

Editorial

Infantile hypertrophic pyloric stenosis (IHPS) is a condition involving abnormal muscular hypertrophy at the pylorus. This causes vomiting and may call for surgical intervention [1]. Pyloromyotomy, introduced in both 1908 [2,3] and 1912 [4] and still first choice as treatment, is a definitive, curative surgical procedure for IHPS, whether open or minimally invasive. Complication rates are generally low, and mortalities are rare. However, Ramsted’s extramucosal pyloromyotomy [4] is not complication-free. In 5% of patients, complications are severe [5]. Thus, a search for alternatives is certainly in order.

Other treatment options are available for these patients. Reported outcomes of surgery versus nutritional therapy in this setting [6] indicate that nutritional intervention is a viable approach. Clinical results appear encouraging, regardless of a 25% failure rate. Although more prolonged, treatment is administered largely via supervised outpatient programs, with a substantial reduction in cost (less than one-third of surgical remedy) [6].

In terms of applicable medical agents, a past investigation of methyl scopolamine nitrate is on record (1955) [7], in addition to a more recent trial of intravenous atropine sulfate (1996) [8]. Furthermore, a meta-analysis assessing course and outcome of IHPS managed with atropine [9] supports the premise that rigid adherence to a single method of treating IHPS is simply unjustified.

Considering all therapeutic alternatives that exist, it does appear that rigid adherence to a single method of treating IHPS is simply unjustified.

References