

Indian Pediatrics Case Reports IPCaRes

VOLUME 1 • ISSUE 3 • JULY-SEPTEMBER 2021

www.ipcares.org

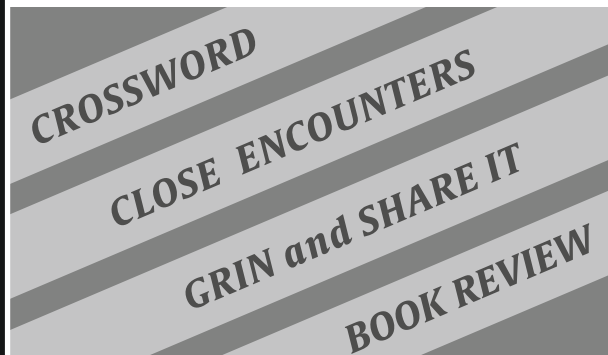
Academics



Social Pediatrics



Humanities



HIGHLIGHTS OF THIS ISSUE

Academics

- Acute Severe Necrotizing Pancreatitis: A Manifestation of Multisystemic Inflammatory Syndrome of Children?
- Right Ventricular Cardiac Abscess Secondary to Traumatic Osteomyelitis
- Infantile Sternal Tuberculosis
- Neonatal Scrub Typhus – A Sepsis Mimic
- Two Cases of Systemic Lupus Erythematosus; with Aplastic Anaemia, and with a Novel Heterozygous Mutation of the CIITA Gene
- Autism and Childhood Apraxia of Speech
- Coping with Mental Health Challenges of Children during the Pandemic
- Syndromes; 20p Duplication, and Neonatal Marfan
- Fatty Liver in a Child: Looking beyond Non-Alcoholic Fatty Liver Disease
- Cecal Duplication
- Case Videos; CSF Rhinorrhea, and Peristaltic Waves in Infantile Hypertrophic Pyloric Stenosis
- Radiology Rounds: Approach to an Infant with Hyperinflated Lungs
- Forensic Files: Mild Blunt Head Injury in Children
- Pattern Recognition of Bizarre Eye Movements

Social Pediatrics

- Managing a Child with Epilepsy: The Value of Primary Care and Three-Stage Assessment

Humanities

- Book Review: The Curious Incident of the Dog in the Night-time
- Clinical Crossword: Theme Nurturing Care

An Official Publication of the Indian Academy of Pediatrics

Peristaltic Waves: A Clinical Clue of Infantile Hypertrophic Pyloric Stenosis

A 6-week-old male child was admitted with recurrent episodes of vomiting after breastfeeding for 10 days. Initially, the vomiting was nonbilious but had recently become projectile. There was no history of fever, diarrhea, jaundice, or lethargy. Despite being always hungry and vigorously suckling when breastfed, there was a significant history of loss of weight since birth (weight 3270 g). Urine output was normal. At admission, weight was 2515 g. The baby was severely dehydrated. Peristaltic waves moving from the left to the right side of the upper abdomen were observed [Figure 1 and Video 1]. However, an olive-shaped mass was not palpable in the abdominal midline. Hypochloremic, hyponatremic, hypokalemic metabolic alkalosis was found, with elevated urea and creatinine levels. Dehydration correction was started. Infantile hypertrophic pyloric stenosis (IHPS) was suspected which was confirmed when an abdominal ultrasonogram detected a thickened pylorus muscle with elongated pyloric canal. The baby underwent laparoscopic pyloromyotomy successfully and has been thriving in follow-up.

IHPS is the most common cause of gastric outlet obstruction in infancy and one of the most common causes of surgery in a young infant.^[1] The classic triad described in this condition is visible peristalsis, palpable pyloric mass, and projectile vomiting. However, their simultaneous occurrence is rarely seen, as in this case.^[2] A palpable mass is seen in 60%–80% of cases. Peristaltic wave is because of attempted forceful movement of the gastric contents past the narrow pyloric canal and is an important clue for early diagnosis.^[3]



Figure 1: A wavelike elevation observed on the left upper abdomen. The peristaltic wave moved to the right side

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the legal guardian has given consent for images and other clinical information to be reported in the journal. The guardian understands that the names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Rajeev Pothala, Kishore Kumar Narahari, Chanchal Kumar

Department of Pediatrics and Neonatology, Ankura Hospital for Women and Children, Hyderabad, Telangana, India

Address for correspondence: Dr. Chanchal Kumar,

Department of Pediatrics and Neonatology, Ankura Hospital for Women and Children, Banjara Hills, Hyderabad, Telangana, India.

E-mail: drchanchalkumarkem@gmail.com

REFERENCES

1. Otjen JP, Iyer RS, Phillips GS, *et al.* Usual and unusual causes of pediatric gastric outlet obstruction. *Pediatr Radiol* 2012;42:728-37.
2. Gotley LM, Blanch A, Kimble R, *et al.* Pyloric stenosis: A retrospective study of an Australian population. *Emerg Med Australas* 2009;21:407-13.
3. White MC, Langer JC, Don S, *et al.* Sensitivity and cost minimization analysis of radiology versus olive palpation for the diagnosis of hypertrophic pyloric stenosis. *J Pediatr Surg* 1998;33:913-7.

Submitted: 08-Jul-2021

Revised: 09-Aug-2021

Accepted: 22-Aug-2021

Published: 31-Aug-2021

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

Video Available on: www.ipcares.org

Access this article online

Quick Response Code:



Website:

www.ipcares.org

DOI:

10.4103/ipcares.ipcares_215_21

How to cite this article: Pothala R, Narahari KK, Kumar C. Peristaltic waves: A clinical clue of infantile hypertrophic pyloric stenosis. *Indian Pediatr Case Rep* 2021;1:206.