Infantile Hypertrophic Pyloric Stenosis, the Cause of Non-bilious Vomiting of a 3-day-old Male Infant with Situs Inversus Totalis; A Case Report

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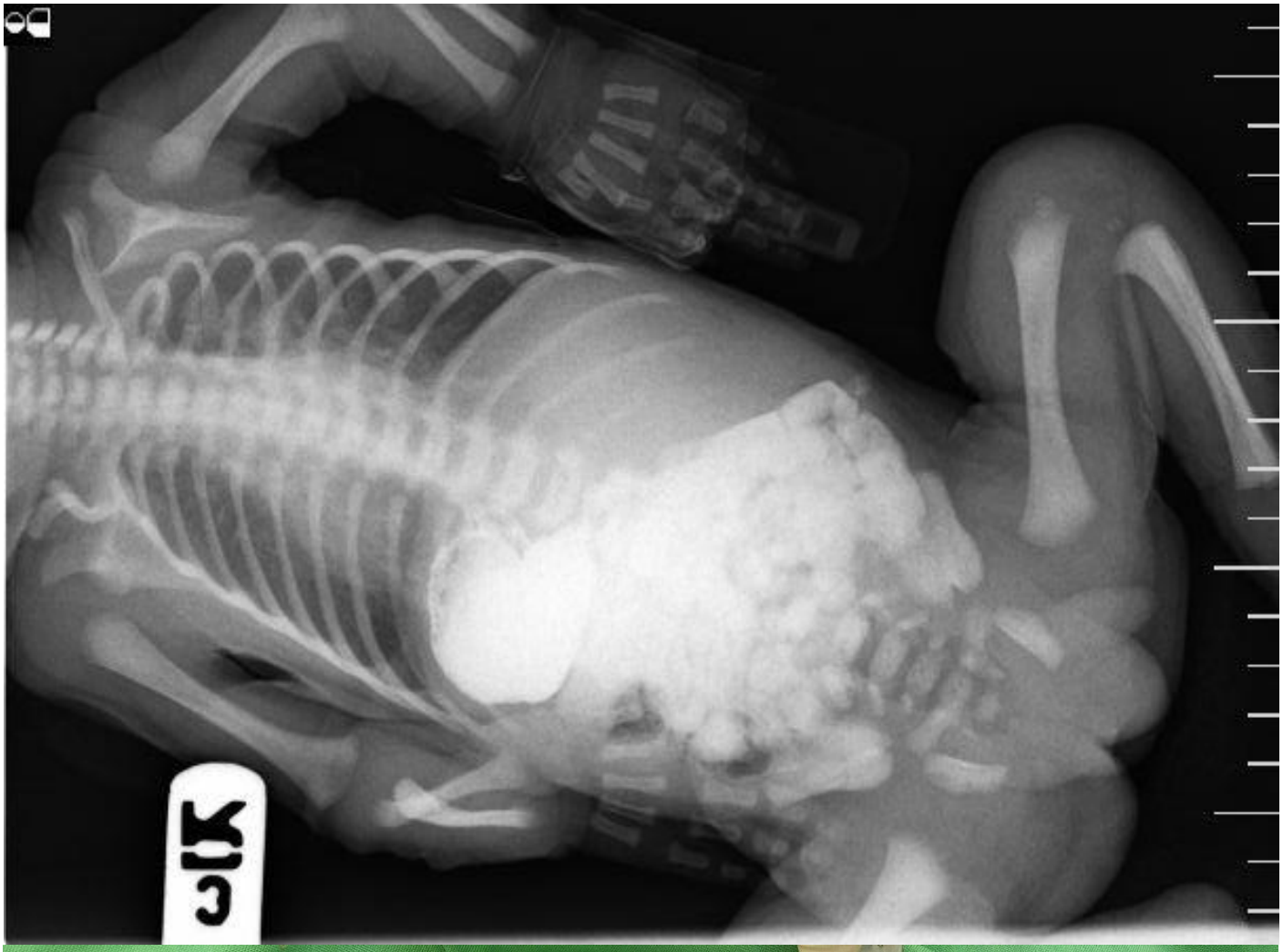
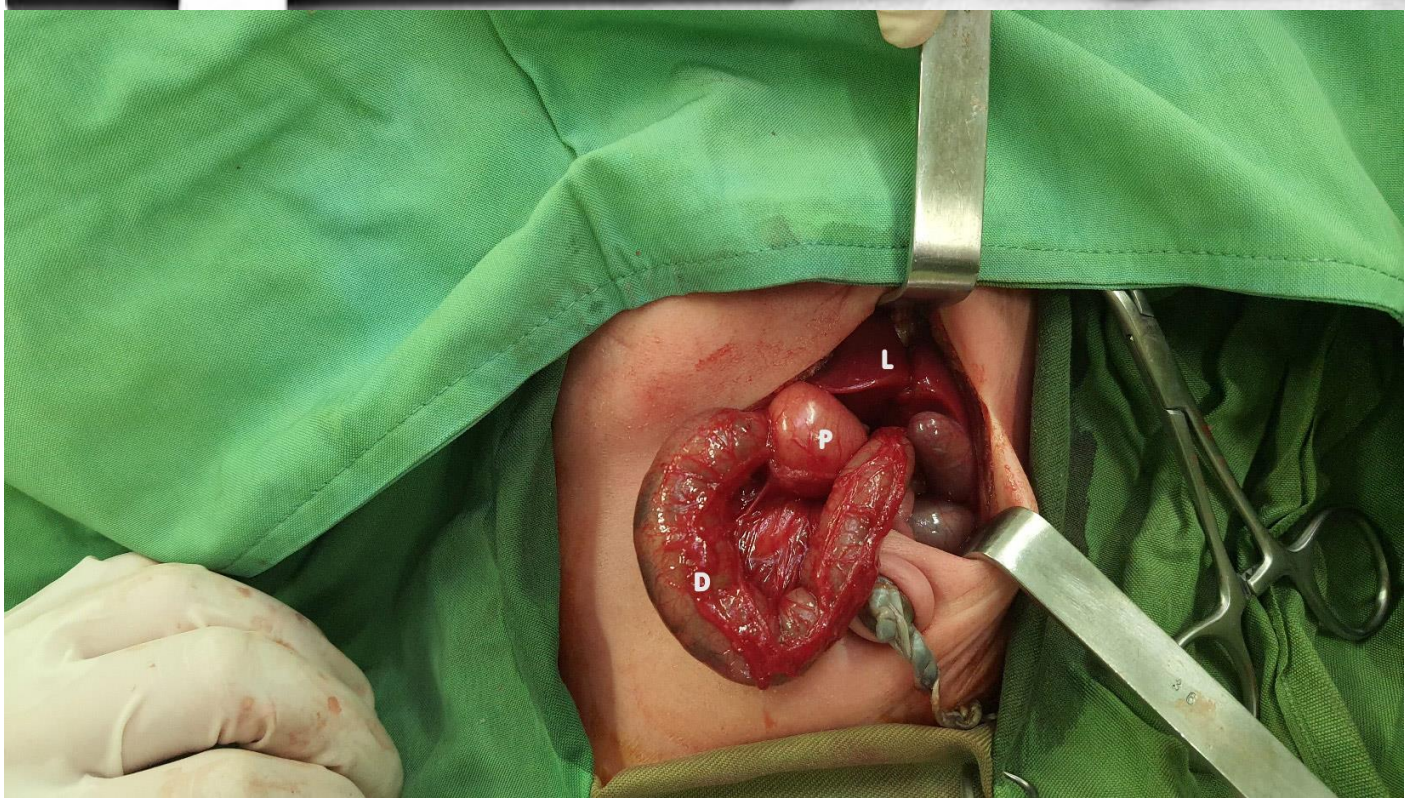
Aim: Introducing a rare association of pyloric Stenosis (IHPS) and *Situs Inversus* totalis (SIT) in a 3-day-old male infant.

Case description: A 3-day-old term infant with a normal Apgar score and weighing 2200 gr presented with persistent non-projectile, non-bilious vomiting and unremarkable physical findings. The plain chest and abdominal radiography depicted dextrocardia. The ultrasonography revealed pyloric channel length 22 mm with thickened pylorus (muscle thickness 4 mm) without abdominal anomalies, but an incidental finding was the mirror displacement of the viscera. Preoperative echocardiogram confirmed the diagnosis of situs inversus totalis. For the rarity of HPS diagnosis on the third day, an upper gastrointestinal contrast examination was performed to rule out associated anomalies such as malrotation or midgut volvulus. Ramstedt pyloromyotomy was done by open method using left supra-umbilical transverse incision. Four hours after surgery, feeding with Pedialyte was initiated and continued with full-strength formula. He was discharged 24 hours after the feedings. The postoperative and 3-month follow-up periods were uneventful, and his growth charts were in normal ranges.

Conclusions: Despite the classical features of HPS, persistent non-projectile, non-bilious vomiting in the early days of life needs careful evaluation for earlier diagnosis and treatment.

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