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Pyloric Stenosis of infancy-The great mystery unravels

Pyloric Stenosis of Infancy (PS) was first clearly documented 300 years ago. Since then the curious clinical features have been repeatedly defined and pyloromyotomy remains the best treatment. There has been a progressive increase in the frequency of published articles about PS in the last century. Few speculate on the cause and none attempts to explain the pathogenesis by trying to explain the symptoms and signs. The Primary Hyperacidity theory as here described explains all the clinical symptoms and signs and is a credible and testable explanation for the condition. When acidity is measured by titration methods PS babies are hyperacid. When puppy dogs are made hyperacid by Penta gastrin injections, they develop PS. PS babies after pyloromyotomy when gastric hold-up is abolished, continue to be hyperacid. In later life they suffer from hyperacidity problems. Acidity entering the duodenum is a potent cause for pyloric sphincter contraction. The repeatedly contracting sphincter hypertrophies and the enlarged sphincter blocks stomach emptying. Continuing attempts to feed the PS baby produce even more acidity, more hypertrophy and so on. There is good evidence that the negative feed-back between gastrin and acid secretion takes a few weeks to develop after birth. Thus, both gastrin and acid secretion peaks at around 3-4 weeks until negative feedback is established. In this way, the presentation at 3-4 weeks makes sense. Similarly, with acidity now controlled and the pyloric lumen getting larger with time, self-cure in the milder cases is not uncommon. Another major driver is the frequency and volume of feeds. 3-hourly fed babies are more commonly affected and an anxious first-time mother is more liable to feed her vomiting baby. Medical treatment is more successful when associated with reduced feeds.

Speaker Biography

Ian Munro Rogers was born on March 1, 1944 in Glasgow, Scotland. He did his Bachelor of Medicine, Bachelor of Surgery from Glasgow U. in 1967. He has membership fellow at Royal College Surgeons Edinburgh, Royal College Physicians Glasgow, Royal College Physicians and Surgeons Glasgow. He was Consultant in General Surgery, South Tyneside Hospital, 1978-2004; Surgical Tutor to the Royal College of Surgeons, England, 1990 - 1996. He was the Hon. Lecturer in Surgery at Newcastle University, 1991. He was a Director of Surgical Services at South Tyneside, May 1995 – March 1998 and President of the North of England Surgical Society 2000 - 2001. He is retired Consultant Surgeon in General Surgery with an interest in vascular surgery, Ingham Infirmary, South Shields and South Tyneside Health Care Trust 1978 –2003. He was retired from the NHS in October 2003 and presently undertake medico-legal work. He was a Guest Examiner at Royal College of Physicians and Surgeons, Glasgow 2005, Intercollegiate Assessor of Surgical Examiners 2006. He was a Visiting Prof. Surgery, AIMST University, Kedah, Malaysia 2007-2009/2011; he has a long-term interest in the cause of Pyloric stenosis of Infancy with particular reference to the Primary Hyperacidity Theory.

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