History
Newborn with emesis and prenatal history of polyhydramnios.

Diagnosis
Pyloric Atresia

Discussion
Congenital gastric obstruction is usually related to stenosis, atresia or occasionally from extrinsic pressure Ladds bands or intramural pancreatic rests. Gastric atresia accounts for less than 1% of all congenital intestinal obstructions and is limited to the antrum and pyloric region. Congenital obstructions are probably due to localized vascular occlusion in fetal life rather than to failed recanalization since there is no epithelial perforation in the stomach as with the esophagus or duodenum. The atresia is usually produced by a membranous diaphragm that only affects the mucosa, although the atresia band may be thick. Gastric atresia may be familial or associated with epidermolysis bullosa. Non-bilious emesis within the first few hours after birth is the most common presenting symptom. Abdominal radiography shows distention of the stomach and absent distal bowel gas, resulting in a “single bubble” appearance. Other imaging is usually not necessary.

Findings
CR-Dilated stomach with no distal bowel gas.
US-Sequential images from cinegraphic clip of pyloro-anttral region demonstrate continuous prepyloric mucosa with thick muscular web.

Reference

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