Gastric Outlet Obstruction Due to Solitary Gastric Polyp in a Neonate

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Intrinsic gastric outlet obstruction in the neonate is uncommon but has been well recognized(l). We report the case of a newborn male child with complete intrinsic gastric outlet obstruction due to a solitary gastric polyp at the antropyloric junction. Review of the available literature failed to reveal any prior report of such a presentation of solitary gastric polyp in a neonate.

Case Report

A one-day-old male child was admitted with non-passage of meconium since birth and intermittent epigastric distension which was relieved by non-bilious vomiting. The baby was dehydrated, the rest of the physical examination and routine investigations were normal. Plain erect skiagram of the abdomen showed a single air-fluid level in the stomach and absence of distal gas. Upper GI contrast examination using water soluble dye showed dilation of the stomach with non-passage of the dye beyond the pylorus *(Fig. 1)*.

At exploration a 2.0 cm smooth intraluminal sessile mass was found attached to the posterior gastric wall at the antropyloric junction which was completely obstructing the pylorus. The mass was completely excised. In the postoperative period the patient developed septicemia and expired on the tenth post operative day. Permission for autopsy was not given by the parents. Histopathological examination of the mass showed it to be a hyperplastic gastric polyp.

Discussion

Intrinsic gastric outlet obstruction in the newborn has been well recognized, the causes include pyloric aplasia, pyloric atresia and complete/incomplete mucosal diaphragm(2). Much more uncommonly the obstruction may be due to gastric duplication(3), aberrant pancreatic tissue(4) or retrograde duodenogastric intussusception(5). Gastric polyp causing complete intrinsic gastric outlet obstruction in a neonate has not been previously reported in the English language literature.

Gastric polyps are usually seen as a part of polyposis syndromes, *viz.,* Peutz-Jeghers syndrome and juvenile adenomatous polyposis(6). The conditions which give rise to solitary polypoid lesions in the stomach

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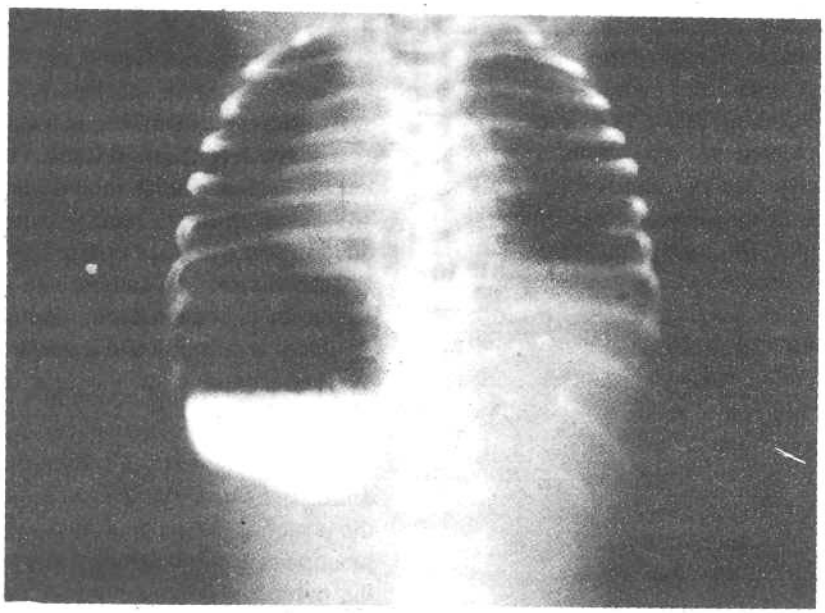

Fig. 1. Upper GI contrast examination showing dilation of stomach with non-passage of the dye beyond the pylorus.

include aberrant pancreatic tissue, hypertrophy of the gastric rugae and leiomyomas but these are usually seen in the later part of childhood or in adults. Hyperplastic gastric polyp is also a condition more common in older children and adults .and has not been reported in the newborn. The intraluminal mass in the present case was a hyperplastic gastric polyp and at the time of exploration the rest of the bowel was essentially normal. The etiology of a solitary gastric polyp in the newborn is difficult to explain em-bryologically, the association with other pathology could not be completely clarified due to lack of permission for autopsy. We have reported this patient to document the rare presentation of gastric polyp in the newborn.

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