Aim: In a case report of a severe pylorostenosis we would like to discuss the management of feeding after operation, drugs support and question concerning timing of the potential re-operation.

Case description : 8 weeks old child with a history of long term vomiting. Birth weight : 2800g, weight in 8 weeks : 2650g. Dehydration, metabolic alkalosis, hypokalemia. Ultrasound signs of pylorostenosis. After stabilisation the child was indicated to the operation. Standard open pyloromyotomy was done. 1st postoperative day we started with initials doses of milk, but the upper-obstruction remained. 3rd day the RTG control showed the pyloric obstruction. Complete parenteral feeding and other drugs support was given to the child. From the 7th postoperative day the obstruction slowly dissapeared without a need of re-operation. 14th postoperative day the child was discharged, wound healed, 70ml of milk per dose, weight 3150g.

Conclusions : In this case we would like to discuss our and literature experiences with severe pylorostenosis. Does anyone still try the conservative method? How do you deal with atropin - timing, dossage, side effects? When do you think about indication of re-operation because of incomplete pyloromyotomy? And other questions we would like to discuss.