

Clinical-Medical Image

Cervix and Antral Nipple Signs: Sonographic Appearances of Pyloric Stenosis

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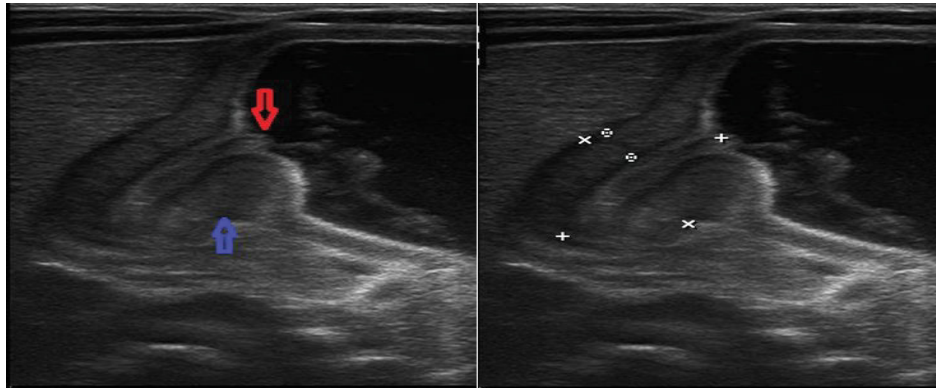




Figure 1: Gray-scale ultrasound images in longitudinal view shows thickened pylorus giving rise to « cervix sign»  , with a prominent hyperechogenic mucosa projecting into the antrum «antral nipple sign»  .

Clinical Image

Hypertrophic pyloric stenosis is the most common surgical cause of postprandial vomiting in early infancy. It has an incidence of 3/1000 live births per year and occurs mostly in males with a range age from 2 to 6 weeks of life. This condition is defined by thickening of the muscular layer and failure in relaxation of the pyloric canal. The diagnosis can be made clinically by the presence of palpable pyloric 'olive' in the right upper quadrant of the abdomen. When physical findings alone are inconclusive, abdominal ultrasound should be performed. It shows a thickened pyloric muscle >4mm, increased pyloric channel length >16mm, and muscle diameter >14mm. Of the three parameters, muscular wall thickness is the most precise diameter. On longitudinal views, the pylorus had an appearance of uterine cervix and described as a "cervix sign". Prominent hyperechogenic mucosa projecting into the *antrum* is known as the "antral nipple sign" (Figure 1).

Keywords: Pyloric stenosis; Ultrasound

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