INTRODUCTION

Congenital hypertrophic pyloric stenosis (CHPS)is at present one of the most common surgically treated diseases of the first months of life (Spicer, 1982).

This entity was first described by Hirschsprung in 1888, and was treated medically in the beginning of this century with spasmolytics (Rasmussen et al.,1987).

In 1911, surgical intervention by means of Fredet-Ramstedt's pyloromyotomy was introduced and is still the standard treatment for CHPS. Ramstedt discovered the operation almost by accident (Pollock and Norris, 1957).

The aetiology is obscure; a polygenic pattern of inheritance has been shown to be a predisposing factor, but the postnatal environmental precipitating factors are less defined (Spicer, 1982).

The mortality rate for CHPS is extremely less than one percent. Most deaths are due to anaesthetic complications, particularly in the electrolytically