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**TITRES ET TRAVAUX  
SCIENTIFIQUES**

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**Abstract**

Gastric outlet obstruction (GOO), apart from hypertrophic pyloric stenosis, is a rare condition in childhood. It may be primary or associated to various mucosal webs. We herein report the case of a symptomatic antral mucosal web in a 16-year old girl who had for years received medical treatment without result. After resection of the antral diaphragm, she remained symptomatic and eventually underwent pyloroplasty. This latter procedure was fully-efficient and the child remains well after 8 months. This case highlights in our opinion the importance of pyloroplasty in the management of whatever the type GOO.

**Key-words:** antral diaphragm; pyloroplasty

**Key points:** gastric outlet obstruction is a rare condition, pyloric achalasia is to be considered, surgical management should include pyloroplasty.

**Introduction:**

Gastric outlet obstructions (GOO) in childhood include congenital and acquired causes [1]. Apart from the common hypertrophic pyloric stenosis, they display various anatomical patterns, ranging from identified webs or atresias to mere pyloric achalasia [1]. In case of antral webs, successful attempts have been reported with surgical excision or endoscopic resection [2,3]

We herein report the case of an antral mucosal diaphragm, of which resection failed to relieve GOO, that proved to be due to associated pyloric achalasia.

**Case report**

A 16-years old girl was referred to our institution for chronic gastric outlet obstruction (GOO). She was the product of full-term gestation with a birth weight of 3,4