Collaborative Treatment of Peristomal Pyoderma Gangrenosum – A report of 3 Case Studies

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Clinical Problem

To present case reviews of successful collaborative multidisciplinary management of peristomal pyoderma gangrenosum (PPG).

Background

Peristomal pyoderma gangrenosum is an idiopathic, inflammatory ulcerative condition of the peristomal skin. It is characterized by painful recurrent ulcerations and is often associated with the presence of systemic autoimmune disease. PPG is commonly caused by trauma, fecal exposure, mechanical stripping and surgical excision. The most common presentation is an inflammatory papule or pustule that progresses to a painful full thickness ulcer with a violaceous undermined border and a purulent base. It is often diagnosed by exclusion. Early recognition is vital as ulcers tend to rapidly progress and fail to heal with usual treatment.

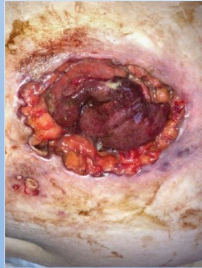
Clinical Approach

Three case studies demonstrate the progression from early identification and implementation of treatment as an essential component to promoting wound healing in patients with PPG. Collaboration with Gastroenterology, Dermatology, Colon and Rectal Surgery and WOC Nurse played an important role in success toward healing. Advanced wound care and unique ostomy solutions were utilized to not only treat the PPG but to allow successful management outside the hospital and clinic setting. Treatment included the use of topical and systemic steroids, anti-microbial advanced wound care products and biologic therapy.

Beth Israel Lahey Health
Lahey Hospital & Medical Center

Case Study #1

6/1/2022



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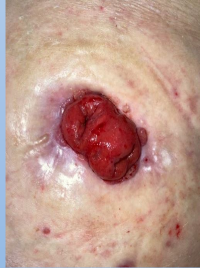


History

81 yo female, Alzheimer's, diverticulitis, IBS, LBO

1/6/2021 laparoscopic proximal transverse colostomy

Treatment

4" adhesive coupling; packing of separation

Dermatology:

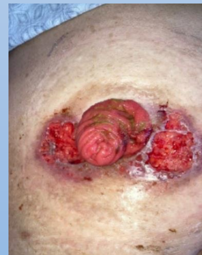
- Prednisone - 1mg / kg x 3 days; - 0.75mg/kg x 3 days; - 0.5mg/kg x 10d, then decrease by 10mg every 10 days
- Cromolyn & Clobetasol
- Cyclosporine 100 mg BID

Gastroenterology

- Adalimumab (Humira) 160 mg with 80 mg at week 2 and 40 mg every 1-2 weeks starting week 4

Case Study #2

3/19/2021



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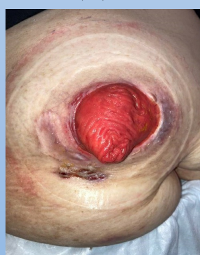


History

81 yo female, Alzheimer's, diverticulitis, IBS, hx LBO

1/6/2021 laparoscopic proximal transverse colostomy

Ulcer Biopsy: acute and chronic inflammation

Colon Biopsy: active colitis

Treatment

Discontinue Convexity

Silver Hydrofiber

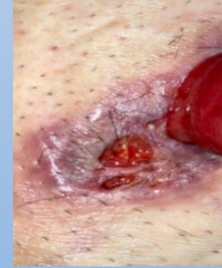
Change every 2 days

Dermatology:

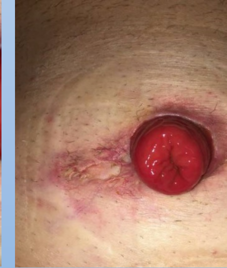
- Prednisone 0.75 mg/kg taper
- Fluticasone inhaler
- Tacrolimus 0.3% ointment
- Clobetasol 0.05% ointment

Case Study #3

7/6/2021



10/28/2021



History

63 yo male, Crohn's Disease

IPAA 2003. Complicated by pouch-ureteral fistula, recurrent UTI, Epididymitis.

4/23/2021 ex lap, LOA, end ileostomy

Treatment

Augmentin x 7 days

Cromolyn & Clobetasol

Silver Hydrofiber

Change every 2 days

Weekly clinic visits

Gastroenterology:

- Adalimumab (Humira)

Conclusion

Early diagnosis of PPG is essential to avoid further deterioration of ulceration. Aggressive treatment with oral steroids, biologics and topical wound care in all cases resulted in near complete resolution of PPG ulcerations. Close weekly monitoring by WOC Nurse in collaboration with Gastroenterology and Dermatology colleagues was key to successful management.

References

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