



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

PERISTOMAL PYODERMA GANGRENOSUM – CASE REPORT

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Background: Peristomal pyoderma gangrenosum (PPG) is a rare neutrophilic dermatosis which is distinguished by painful, necrotic ulcerations occurring in the area surrounding an abdominal stoma. The underlying etiology for PPG is unknown. The reported risk factors for the development of PPG include the presence of various systemic diseases and it is most commonly linked to IBD. The diagnosis is mainly based on a set of clinical and histopathological characteristics of the disease. Treatment of the PPG requires a multidisciplinary approach, with a combination of adequate local (dressings, intralesional and topical steroids, tacrolimus, avoiding of ulcer debridement...) and systemic therapy (corticosteroids, Dapsone, Cyclosporine, TNFalpha inhibithors, plasma exchange, human immunoglobulin...), but relapse of PPG following medical treatment is common and the long-term outcome for patients remains unpredictable.

Observation: We present a female patient aged 60 years, to which was made ileocelectomy, due to ileus on field of bowel diverticulosis, and the placement of ileocecal stoma was done. The patient had ongoing issues with her stoma since surgery. She was admitted two weeks postoperatively with suspected parastomal wound infection with severe pain and purulent discharge. CT scan of thorax, abdomen and pelvis showed no collection or malignancy and she was treated with oral antibiotics without a therapeutic response. PPG was histopathologically confirmed. We did not find any underlying disease. She was treated with systemic corticosteroids with a dose of 1 mg/kg with a gradual reduction of the dose and Cyclosporine 5 mg/kg with local application of PHMB dressings. Because of the side effects of Cyclosporine (hypertension) after one month, the dose was reduced to 3mg/kg, but complete healing has been achieved.

Key message: Early recognition of PPG and the application of appropriate systemic and local therapy with ending of surgical debridement are of major importance for the postoperative recovery of patients with PPG.

