



A Different Approach to Peristomal Dermatitis Associated with Ileostomy or Colostomy

İleostomi ya da Kolostomiye Bağlı Peristomal Dermatite Farklı Bir Yaklaşım

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Dear Editor,

Here we would like to mention an improved treatment attitude of a patient with ileostomy and peristomal dermatitis occurrence on 25th day. A 83-year-old male patient was operated because of the abdominal abscess secondary to small bowel perforation Explorative laparotomy + interloop abscess drainage + partial small bowel resection + end ileostomy was performed. Approximately 25 days after the application of ileostomy, peristomal dermatitis was developed. As an initial procedure, various medications were applied under the stomal plate which gave ineffective results. Due to the structure of the peristomal opening even the adaptor was applied, leakage of the stool caused the medications failure to treat. In our patient, bowel / fecal management system (B / FMS) (Flexi-Seal ® FMS) has been used for eliminating the leakage from ostomy through the peristomal area. (Figure 1). Usage of B/FMS in combination with medical treatment resulted full recovery of dermatitis within 10 days. After ten days the adaptor application became easier.

Today after abdominal surgery like either benign or malignant pathologies, ileostomy or colostomy requiring conditions can be encountered. These may include temporary or

permanent diversion techniques. Depending upon their application initiatives peristomal complications are often seen. In the literature the peristomal complications rate varies between 10% and 70%¹. Complications rate depends on the duration of the stoma² and the cause of the stoma opening³. Caricato et al⁴ in a series of 132 patients reported their most frequent complications as dermatitis, parastomal hernia, leakage and stenosis. Especially peristomal dermatitis is an important problem that could make significant reduction in patients comfort and quality of life . In another series the reported incidence of peristomal skin irritation ranges from 3 to 42%. The degree of irritation may range from a mild peristomal dermatitis to full-thickness skin necrosis and ulceration⁵. The main reason causing peristomal dermatitis for these patients is leakage of the stool near the stoma or pouch. Dermatitis was not improved even though the various medical treatment, also effected the patient's psychological state. For effective treatment of peristomal dermatitis, this leakage should be eliminated. If local skin irritation is so problematic because of continued leakage and the need for frequent pouch changes, stoma revision should be also strongly advised⁵.

B / FMS is a system which is used for bedridden or immobilized, liquid or semi-liquid gaita incontinent patients, inhibiting leakage of the stool by air pads near anus. Usage in patients who has ostomy has not been reported. By the help of air pads of B/FMS, leakage through the stoma is eliminated. It helps the other medications applied to be more effective. The usage of B/FMS causes a difficulty in mobilization for the first period . However, by the time patient gets used to move and adjust accordingly, for effective B/FMS function, it results in cessation of leakage.

As a result ,it would be proper to use B/FMS for the cases which are resistant to medication because of leakage near the stoma. By the help of this system, the leakage could be prevented and the effectivity of medical agents that are applied through the area could be increased, and the need for revision of stoma with surgery could be eliminated. But B/FMS need to be evaluated in large clinical series before being a routine procedure.



Figure 1. Application of bowel / fecal management system. There isn't any leakage from ostomy through the peristomal area.

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