Peristomal Hidradenitis Suppurativa in an Ileostomate: An Atypical Presentation and a Pouching Nightmare

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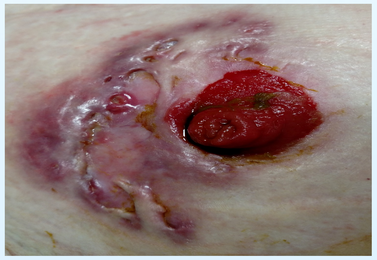
INTRODUCTION

Hidradenitis suppurativa (HS) is a chronic neutrophilic folliculitis involving chronic inflammation primarily affecting post-pubertal women. It is characterized by painful erythematous papules and nodules, sinus tracts, ropelike scarring and contractures of the skin, and comedones in apocrine gland bearing tissue.

Cycles of remission and flares are hallmarks of the condition. During flares, it is common for nodules to open up, become infected, and drain foul smelling material.

Regions of the body most commonly affected by the condition include the groin, inner thighs, pubic, vulva, axilla, perianal and perineal areas, and inter- and inframammary folds.

It is highly unusual and unexpected to find HS on the abdomen adjacent to a fecal stoma. Such was the case for one unfortunate individual. Draining, painful sinus tracts interspersed with skin contractures in close proximity to what at times was a high output ileostomy, set the stage for extremely challenging patient care. At the height of the flare, and before systemic pharmaceuticals were added to the regimen, the pouch leaked frequently necessitating multiple changes daily. Increased leakage lead to worsened skin breakdown, and increased pain.



OBJECTIVES

- Resolve the HS flare.
- Local tissue healing.
- Decrease pouch leakage.
- Improve pouch wear time.
- Decreased pain.
- Decreased dependence on WOC nursing care.

METHODS

Successful treatment of the patient's condition hinged on early recognition that frequent pouch changes and traditional topical wound therapy for the draining lesions, was not sufficient in resolving the problems. The following actions were critical in stabilizing and improving the patient's condition:

- Systemic treatment of the HS flare:
  - Collaboration with an out of facility dermatology research nurse to acquire recommendations for systemic oral therapy.
  - Collaboration with an ordering provider to secure the recommended medications.
- Topical wound therapy to draining sinus tracts:
  - Cleansing draining areas with saline
  - Filling with a calcium alginate
  - Forming a moldable barrier to fit over the filled areas and create a flat surface for the pouch system
  - Intermittent use of thin hydrocolloid instead of moldable barrier (limited success).
  - Detailed pouching instructions and site care created by the WOC nurse enable primary nurses to provide care around the clock.

TREATMENT DETAILS

- Systemic Medications:
  - Doxycycline 100 mg every 12 hours for 14 days.
  - Prednisone taper pack starting with 60 mg per day (20 mg before breakfast, 10 mg after lunch, 10 mg after dinner, and 20 mg at HS)
- Topical therapy
  - Cleansing draining areas with saline
  - Filling with a calcium alginate
  - Forming a moldable barrier to fit over the filled areas and create a flat surface for the pouch system
  - Intermittent use of thin hydrocolloid instead of moldable barrier (limited success)
- Ostomy belt for pouch stability and to increase wear time
- High output pouching system during periods of increased ileostomy output

RESULTS

- The HS flare resolved.
- Healing of the inflamed HS tissue.
- Pouch leakage was reduced
- Pouch wear time was increased.
- As the flare resolved so did the pain the patient experienced during ostomy care.
- WOC nursing care tapered from daily to weekly.

CONCLUSIONS

- WOC knowledge is essential in HS treatment.
- Peristomal HS is rare and can make successful pouching very challenging.
- A collaborative approach to a difficult condition for which there was no surgical option, produced a treatment plan that was comprehensive, individualized, and effective.
- With WOC nurse knowledge, skill, and attention, this patient experienced a more functional status with the ileostomy, decreased pain, increased autonomy in self treatment, and resolution of the HS flare.

DISCUSSION

- Early recognition of the contribution of the HS flare to increased leakage, shortened wear time, and increased pain expedited initiation of treatment, thereby speeding recovery.
- Collaboration with a dermatology expert and an ordering provider provided needed medication treatment.
- Step-by-step instructions created by the WOC nurse and shared with the patient's primary care RNs helped to ensure that appropriate site care was possible around the clock.
- A development of a comprehensive treatment plan promoted patient self sufficiency.

NURSING IMPLICATIONS

- Because of its very low incidence, there is a lack of information pertaining to peristomal HS.
- Collaboration across disciplines is a necessity in some circumstances, an action the WOC nurse must recognize and initiate.
- Dissemination of information and care for these rare patient conditions is essential in closing practice gaps.
- Sharing treatment practices can help build WOC practice standards.
- The knowledge and expertise of the WOC nurse is critical in coordinating care in rare and complex scenarios, and essential in achieving optimal patient outcomes.

ADDITIONAL TREATMENT INFORMATION

- Antibiotics are a mainstay of treatment and include clindamycin, doxycycline, minocycline, tetracycline, cephalosporins, erythromycin, and dicloxacillin. Duration of therapy in severe cases may last up to six months.
- Tumor necrosis factor drugs, Adalimumab and Infliximab, has shown variable success in reducing symptoms and flares.
- Oral steroids can reduce inflammation, and shorten the course of the disease.

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