

Documenting a Collaborative, Multimodal, Multidisciplinary Treatment Plan Between Collaborating Clinicians to Share Treatment Practices to Establish Future Best Practice Guidelines for Pyoderma Granulosum: Case Study

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Background

Pyoderma Gangrenosum is a painful ulcerative inflammatory dermatosis presenting as full thickness dermal lesions. The diagnosis is often associated with inflammatory bowel diseases. Management of peristomal skin ulcers due to peristomal pyoderma gangrenosum (PPG) poses multiple challenges in diagnosis and management. To further complicate treatment, many patients with PPG are on a wide range of therapies making management approaches problematic.

Purpose

The purpose of this case study was to develop a collaborative, multimodal, multidisciplinary treatment plan for peristomal pyoderma gangrenosum patients and to evaluate the efficacy of the plan. Level of efficacy was determined by decreased pain scores, increased pouch adherence and resolving PPG lesions in a sample population from an outpatient ostomy clinic in southeast Michigan.

Method

The approach to develop a collaborative, multimodal, multidisciplinary plan for treatment of PPG wounds in this study began with assessment and diagnosis of PPG by an outpatient ostomy nurse practitioner. A treatment regimen was then prescribed using a multimodal approach of topical, intralesional, IV biologic and oral therapies, to manage the PPG wounds. A subsequent visit with a dermatologist was then conducted for multidisciplinary collaboration of the treatment regimen in an effect to provide the most effective wound healing.

Case Reports

CASE 1

- 74-year-old female with ileal conduit and a history of bladder cancer
- Received antibiotics 3 weeks prior to WOCN visit
- WOCN used silver product with decreased convexity
- Dermatology consult biopsy done results benign
- Dermatology used intralesional steroid injections
- Second round of antibiotics consulted with Infectious Disease
- Dermatology Started oral steroid taper down schedule
- Dermatology started steroid cream
- 12th week healed wound

CASE 2

- 76-year-old Male with ileostomy and history of Ulcerative Colitis, and peristomal wounds
- A 10-day course of antibiotics consulted with Infectious Disease
- Dermatology consult interlesional steroid injections
- IV biologic started by Gastrointestinal physician
- Topical steroid started by Dermatology
- WOCN used silver product and decreased convexity
- 6 months to wound closure

CASE 3

- 71-year-old female with ileostomy and history of Colitis
- WOCN used silver on wounds
- Dermatology consult intralesional steroid injections
- Steroid cream added by Dermatology
- Continues to work toward wound closure

Figure 1. First Visit

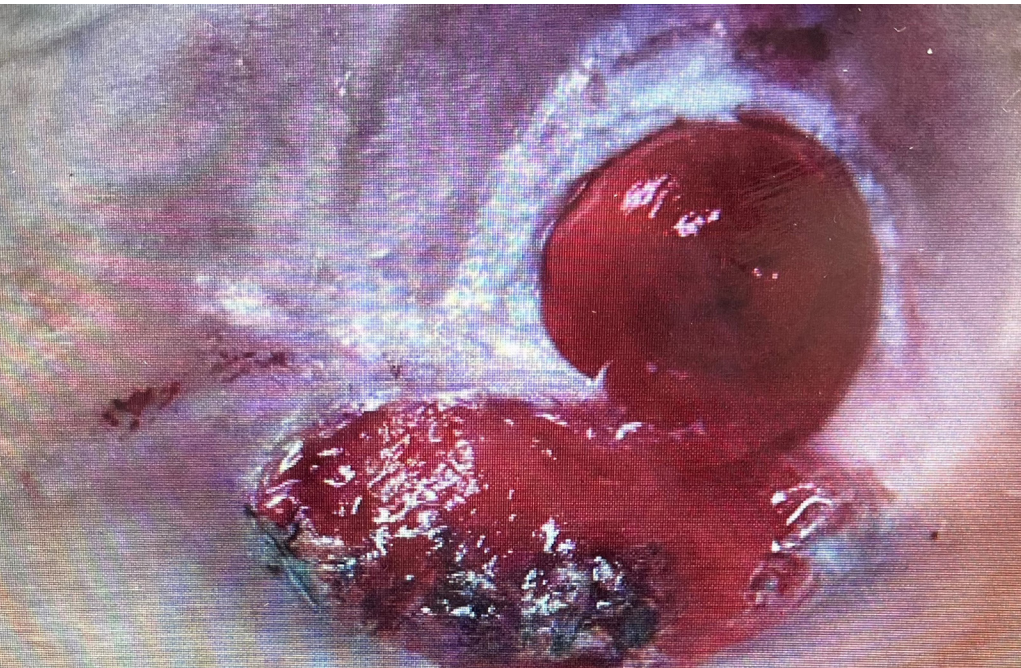


Figure 2. Last Visit



Figure 3. First Visit



Figure 4. Last Visit



Figure 5. First Visit



Figure 6. Last Visit



Results

Two out of three patients in this study had complete resolution of their PPG ulcerations. The third patient continues to progress in wound healing at a slower rate. Each patient reported improved quality of life due to decreased pain and pouch leakage. Limited evidence is available for effective, organized treatment and maintenance modalities for patients with peristomal pyoderma gangrenosum. This small case study provides evidence that a collaborative, multimodal, multidisciplinary treatment plan can provide resolution of PPG ulcers and improved quality of life in ostomates. It is imperative that multidisciplinary clinicians collaborate and share treatment practices to establish future best practice guidelines for PPG wounds.

References

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