

Managing Problematic Peristomal Pemphigoid – A Highly Challenging Case

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Abstract

There is a high incidence of peristomal skin complications, with more than half of all people living with an ostomy experiencing a peristomal skin issue at some point in their lifetime.¹ The types of complications, the reasons for them, and the solutions used to treat them can vary widely. For clinicians, managing these peristomal skin complications takes time and effort. For patients, sore peristomal skin can have a huge impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma.²

Aim

To visibly improve and maintain peristomal skin integrity by finding a suitable skin barrier formulation to support skin health for the patient, and ensuring a proper skin barrier fit around the stoma.

Patient Overview

The patient is a middle aged male who has an ileostomy due to Ulcerative Colitis.

Problem

Following an appointment with a dermatologist, for an exacerbation of pemphigoid, this patient requested an urgent appointment with the stoma care nurse. Pemphigoid is an autoimmune disease that affects the skin. It begins with an itchy erythematous rash that can develop into fluid-filled blisters over a period of weeks to months. Blisters can develop at sites of skin trauma such as peristomal skin that is subject to repeated removal of an adhesive skin barrier.³ The patient had developed blisters all over his body, including under his ostomy skin barrier. Upon assessment it was noted that the blisters had opened and the peristomal skin was very moist. This was making adhesion of the skin barrier extremely difficult and required the patient to change his pouching system two to three times a day. Prior to developing this skin condition, the patient was changing his one-piece standard wear cut-to-fit flat pouching system every one to two days.

Interventions

The decision was made to try a two-piece CeraPlus™ cut-to-fit flat skin barrier*. Not only did the pouching system stay in place for four days, there was a noticeable difference in the condition of the peristomal skin. (See *Figure 1*) The patient was also seeing a dermatologist who was managing the pemphigoid with an oral steroid.

Outcomes

The condition of the peristomal skin continued to improve over the next month. (See *Figure 2*) The patient commented that both the skin barrier and adhesive were comfortable against his skin.

The patient continued to see the dermatologist and the condition of his peristomal skin continued to improve over the next six months. (See *Figure 3*) The patient was on a daily maintenance dose of an oral steroid. A possible side effect of steroid use is thinning of the skin. The patient was aware of this and used an adhesive remover wipe when removing his pouching system.



Figure 1 Visual improvement seen to the peristomal skin after four days.



Figure 2 Visual improvement seen to the peristomal skin after one month.



Figure 3 Visual improvement seen to the peristomal skin after using the CeraPlus™ skin barrier for six months.

LEVEL OF EVIDENCE - CASE STUDY

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Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma.⁴ Thankfully, this patient sought help and there was visible improvement of the peristomal skin. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation may not be enough to keep the peristomal skin healthy. The formulation of a skin barrier also has an impact on the health of the peristomal skin. Finding the right combination of skin barrier formulation to support skin health, and a secure skin barrier fit is essential to maintaining a healthy peristomal skin environment.



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Disclaimer: This case study represents this nurse's experience in using the CeraPlus™ skin barriers with the named patient, the exact results and experience will be unique and individual to each person.

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