

## Peristomal pyoderma gangrenosum: An exceedingly rare and overdiagnosed entity?



*To the Editor:* We read with interest the outstanding article on peristomal pyoderma gangrenosum (PG) by Afifi et al.<sup>1</sup> In this review, the authors present a mixed 34%-67% response rate to common peristomal PG therapies (eg, topical, systemic and intralesional corticosteroids, topical calcineurin inhibitors, cyclosporine, and infliximab). To supplement their thorough review, we would like to suggest that those classified as poor responders might actually reflect misdiagnosis of disease rather than therapeutic failure.

PG is a rare disease,<sup>2</sup> but erosive lesions on occluded skin are relatively common. Thus, in all cases of peristomal ulcerations, common contributing etiologies such as irritant dermatitis, contact dermatitis, and diabetes should be considered first.<sup>1</sup> Of note, almost all patients will develop a degree of irritant dermatitis around an ostomy site.<sup>3</sup> Furthermore, chronic irritation from ostomy contact might lead to superficial ulcerations, similarly to how diaper and incontinence dermatitis can also cause ulcerations in the skin. Thus, in appropriate cases, we encourage a trial of tailored wound care in patients with suspected peristomal PG, including aggressive strategies to decrease biofilm colonization and rest periods without ostomy application.

In addition, inappropriate treatment with immunosuppressive therapy might delay wound healing in patients with other causes of peristomal ulcerations. Clinicians should also not be misled by transient improvements in wound healing because some immunosuppressive agents (ie, corticosteroids) have anti-inflammatory properties.

The following clues might help clinicians favor other etiologies over peristomal PG: 1) ulcers that begin as erosions (PG ulcers most commonly begin within the dermis and then rapidly ulcerate),<sup>4</sup> 2) ulcers that fail to reveal classic undermined borders,<sup>4</sup> 3) ulcers that are recurrent at sites of prior ulceration (PG ulcers tend to avoid sites of prior ulceration),<sup>4</sup> 4) cases in which adequate wound care was never initiated (peristomal wounds often have heavy bacterial loads,<sup>5</sup> which inhibit their ability to heal), and 5) cases of relapse while on adequate immunosuppression. We propose that peristomal

PG is an exceedingly rare entity and not a common cause of peristomal ulcerations.

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