

Short Communication

Pyoderma gangrenosum secondary to allergic contact dermatitis from rubber

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Case Report

A 66-year-old man presented with a 6-month history of severe dermatitis associated with several eroded areas, all in a peristomal distribution. He had undergone a proctocolectomy for ulcerative colitis 28 years previously. The ileostomy device used was an old-fashioned black rubber Maggi stoma bag. The patient continued with this appliance as he found better adhesion and less leakage than with more modern appliances. He had had no gastrointestinal symptoms since the operation, and disease remission was confirmed by a recent normal barium enema examination.

Standard patch testing showed positive reactions to thiuram mix, IPPD, mercaptobenzothiazole, clioquinol, epoxy resin and fragrance mix. Subsequent patch testing, using various parts of the stoma appliance, showed no reaction to the adhesive but a strong reaction to the rubber ring and rubber bag. The patient had been exposed in the past to clioquinol, epoxy resin and fragrance mix, though these positive reactions were not felt to be of current relevance. The rubber stoma bag was replaced with a plastic appliance, but the use of various dressings and increasing strengths of topical corticosteroids had little initial effect, with ongoing dermatitis and ulceration.

Several months after initial presentation, the dermatitis had improved but the eroded areas developed a deep base with a surrounding violaceous edge, suggestive of pyoderma gangrenosum. A biopsy taken from the edge of the ulcer showed an ulcerated epidermis with an intense underlying neutrophilic inflammatory infiltrate, extending deep into the dermis and far lateral to the edge of the ulcer. No frank vasculitis was evident. The

clinical picture and associated histology were in keeping with pyoderma gangrenosum. Further investigations, including protein electrophoresis, confirmed that no disease associated with pyoderma gangrenosum was present. Minocin[®] 100 mg daily for 4 months led to some improvement, and monthly use of intralesional injections of triamcinolone led to complete resolution of the ulcerated lesions. Low-grade irritant contact dermatitis continued secondary to the ill-fitting stoma appliance.

Discussion

Pyoderma gangrenosum has rarely been reported in a peristomal distribution. In reported cases, it has always been related to flaring of the underlying inflammatory bowel disease (1–3). This presentation is unusual, occurring as a consequence of severe allergic contact dermatitis from rubber. 2 years later, the patient's inflammatory bowel disease remains quiescent and he has no further areas of ulceration. Pyoderma gangrenosum should be considered in patients with persisting ulceration in the vicinity of a stoma, even with quiescent inflammatory bowel disease.

References

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