

Successful medical management of postoperative parastomal hernia prosthesis infection after Hartmann restoration

To the Editor: A 52-year-old woman underwent Hartmann's procedure for a perforated diverticula. During the 3 months before restoration of intestinal continuity, the patient's weight increased remarkably and a parastomal hernia developed. When Hartmann's reversal was performed, the edges of abdominal wall in which the colostomy had been placed were not suturable, so we placed polyester mesh on the stomal area. The mesh was fixed above the aponeurosis, with a drain placed at the mesh site. Four days after the procedure, the patient developed fever and abdominal pain and pus started to drip from the skin suture.

Owing to the lack of tissue we decided to try a conservative approach. A gel of glycerin and water was applied on the lesion to keep the wound damp. Calcium alginate and silver were applied above, with a cover of polyurethane foam to absorb excessive fluid and avoid drying out. This treatment was repeated for a month in the outpatient clinic at 24 - 48-hour intervals.

The fever disappeared 36 hours after starting this procedure. After the first month of treatment, granulation tissue appeared and it was possible to suture the wound edges. For the next 2 months we used sodium alginate to clean the wound, jaluronic acid to improve the development of tissue granulation, and 2% yellow eosin to avoid mycotic infections and skin erythema. In the last 3 months of treatment, only jaluronic acid was used. Healing was complete in 6 months.

Parastomal hernia is a frequent complication in patients with stomas, especially in the presence of obesity, corticosteroid use, wound infection, chronic cough and abdominal distention.¹ In our case the patient's weight increase was responsible for the parastomal hernia formation, the extreme lack of tissue fascia and the difficulty in closing the wall by suturing. A parastomal hernia can be repaired with prosthetic mesh, but this treatment increases the possibility of infection due to contamination.¹

We adopted the strategy of 'healing in a moist environment', which allows gradual development of granulation tissue from the edges of the wound.² The silver ions released in the presence of wound exudates are effective against many micro-organisms; the alginate absorbs the wound exudates; and jaluronic acid maintains a moist environment, which prevents eschar formation and promotes rapid, painless and uncomplicated healing.²

This report emphasises the importance of attempting medical treatment before performing a second operation.

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