

A peristomal plaque of sudden occurrence

Michelangelo La Placa¹, Diego Abbenante¹, Massimiliano Pazzaglia², and Ambra Di Altobrando²

¹University Hospital of Bologna Sant'Orsola-Malpighi Polyclinic Dermatology Division

²University of Bologna Hospital of Bologna Sant'Orsola-Malpighi Polyclinic

December 19, 2020

Abstract

Koebner phenomenon regards the formation of a psoriatic lesion after a trauma, including tattoo, insect bite or other injuries. Although this manifestation is not specific for psoriasis, physicians should be aware because early recognition may be helpful in making the diagnosis when present.

INTRODUCTION

A 69-year-old woman presented with a 10-day history of an asymptomatic peristomal plaque. On clinical examination, a large erythematous scaly plaque, 10 cm. in diameter, with sharply demarcated borders, was observed on the left abdominal side, around the stoma (Figure).

What would you do next?

- A. Prescribe a steroid cream
- B. Perform a biopsy
- C. Perform a total body physical examination
- D. Investigate past medical history

DISCUSSION AND OUTCOMES

The patient had had colostomy 2-year before to treat a colonic perforation due to a complication following aortic abdominal aneurysm. On further questioning, she reported mild psoriasis for approximately 10 years without specific treatment, but using topical steroids occasionally. In fact, several small psoriatic papules and plaques were present in other sites, including lower limbs and the back. The diagnosis of psoriasis following Koebner phenomenon was made.

Koebner phenomenon (KP), also known as isomorphic response, refers to the occurrence of psoriatic lesions on healthy skin as a consequence of any trauma. It means that, if patient is already affected by psoriasis, may develop new lesions of the same kind (*isomorphic* means “same morphology”) after traumatic stimuli, including tattoo, burns, surgery and wounds. Psoriasis is frequently involved in KP, as well as lichen planus, vitiligo and cutaneous lupus erythematosus.

The risk of peristomal skin damage has been reported, including irritant dermatitis, due to the chemical injury from the stoma output (stool), or a mechanical injury after stripping or adhesive removal, or allergic contact dermatitis for sensitization to latex, rubber, colophony, contained in the adhesive of the colostomy bag.

Figure Legends

Figure: Well-defined psoriatic plaque around the stoma.

Acknowledgement statement: we thank the patient for giving us the permission to publish her picture.

REFERENCES

Yong-Zhi J, Shi-Rui L. Koebner phenomenon leading to the formation of new psoriatic lesions: evidences and mechanisms. Biosci Rep 2019;39(12):BSR20193266.

Almutairi D, LeBlanc K, Alavi A. Peristomal skin complications: what dermatologists need to know. Int J Dermatol 2018;57(3):257-264.

