

Casestudy: Granuloma's and one Clinicians Management



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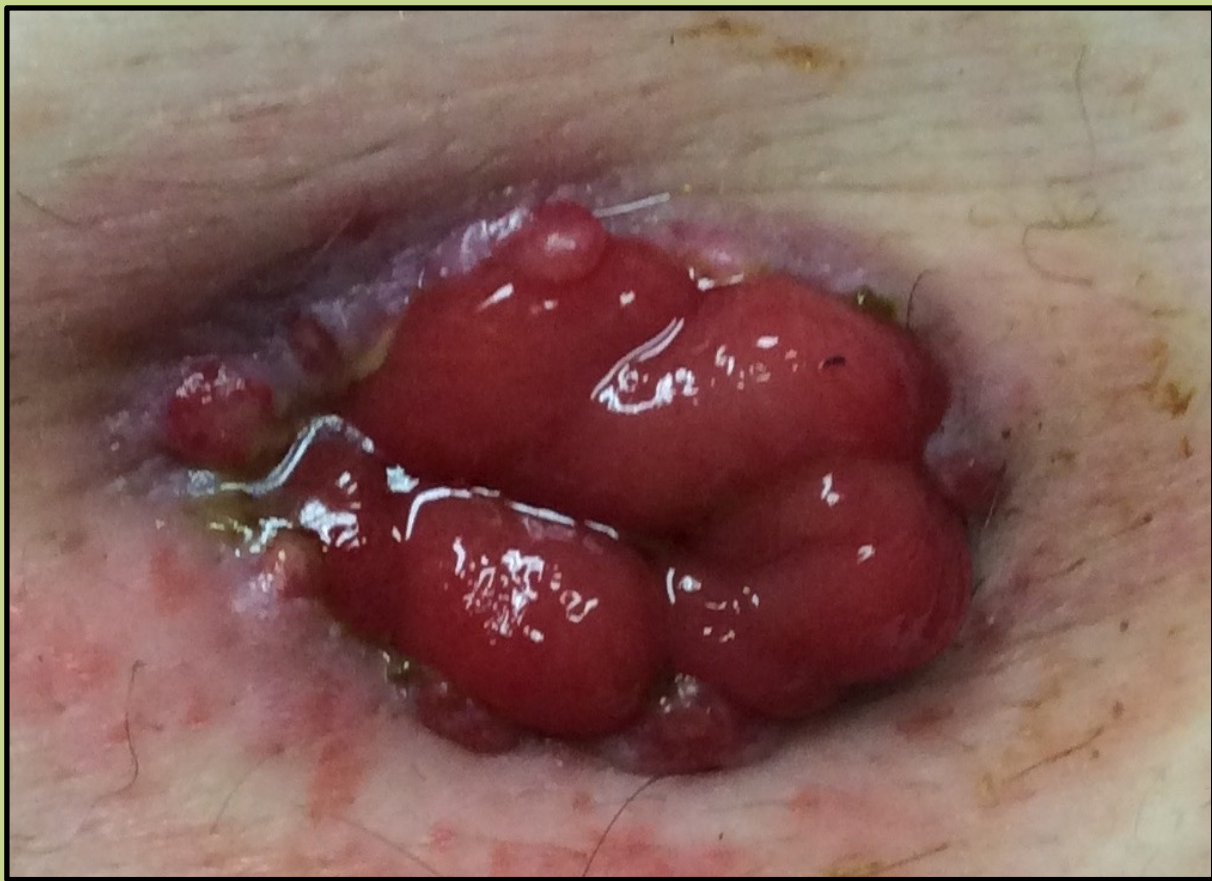
I Statement of Clinical Problem

Granulomas are benign overgrowth of tissue commonly found at the mucocutaneous junction. Granulomas are often painful, bleed and disrupt the pouching seal. Management of granulomas can be challenging and is guided by the NSWOC's (Nurse Specialized in Wound, ostomy and continence) scope of practice.

2 Case 1

58-year-old individual with a tear drop shaped retracting end colostomy, developed granulomas due to an ill-fitting appliance

December 1st



December 24th



Treatment Plan

1. Remove the cause
 - Sutures
 - Resize/refit the appliance
2. Cautery
 - Silver nitrate (AgNo3)
3. Ostomy paste
 - To absorb fluid from the granuloma 's post AgNo3
4. Barrier Ring, if needed
 - To prevent leakage
5. Pressure (convexity and belt)
 - To ensure granulomas remain flat and don't absorb fluid

5 Conclusion

Addressing the cause and utilizing a consistent treatment plan allowed for the removal of the granulomas

4 Case 3

40-year-old post pelvic exenteration developed granulomas at the medial edge of a flush/retracted colostomy months post-surgery

December 20th



February 23rd



* April 20th



3 Case 2

38-year-old individual with an end colostomy developed suture granulomas and moisture associated granulomas due to improper sizing of the flange opening in the initial post-operative period.

January 6th



January 27th



* The addition of 1 tsp of table salt applied for 5 min twice a week x 2 weeks with continued convexity and belt

* References

1. James, D. G. (2000). A clinicopathological classification of granulomatous disorders. *Postgraduate Medical Journal*, 76(898), 457–465. <https://doi.org/10.1136/pmj.76.898.457>

2. Steinhagen, E., Colwell, J., & Cannon, L. M. (2017). Intestinal Stomas-- Postoperative Stoma Care and Peristomal Skin Complications. *Clinics in Colon and Rectal Surgery*, 30(3), 184–192. <https://doi.org/10.1055/s-0037-1598159>