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Abdominal Wall Non-Clostridian Gas Cellulitis: a Rare Complication of a Colostoma

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Abstract

The authors report the case of a 69 year-old patient, with obesity, having a left colostomy that has been made for rectal cancer (12 years ago) and who developed a non-clostridian gas cellulitis of the abdominal wall as a result of intraparietal traumatic tract perforation of the colostomy. The presence of the peristomal hernia favoured the posttraumatic injury of the colostomy. Repeated surgical inteventions and the antibiotic treatment determined a favourable evolution. Despite the wound contamination with excrement, transit stoma relocation was not necessary. Some clinical and therapeutic aspects of abdominal wall infections are presented.

Key words: cellulitis, colostomy, abdominal wall, trauma

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