

Parastomal Intestinal Evisceration

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A 23-year-old male with a history of Crohn's disease and prior ileostomy, presented to the emergency department complaining of his "intestines coming out." The patient reported feeling pain and a fullness in his ileostomy bag after being punched in the abdomen. The bag was removed and an evisceration of approximately two feet (60 cm) of his small intestine around the ileostomy stoma was noted (Figures 1 and 2). There was no evidence of strangulation, and approximately one foot of the intestines was reduced with slow pressure from a gloved finger. The remainder could not be reduced and was covered in warm, saline-soak gauze, and a surgical consult was obtained. The patient received a laparotomy with diversion of his ileostomy to his left side but did not require resection of the small bowel.

Parastomal intestinal evisceration is a rare complication with only one case report in the literature.¹ Rates of stoma complications vary across studies, but the most common complications are: skin irritation, necrosis, stenosis, prolapse, and parasternal hernia.²⁻⁴ While rare, this is an important complication that requires mandatory surgical consultation. Management strategies include reduction and fascial repair, or laparotomy.⁵

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REFERENCES

1. Fitzgerald JE, Tang SW, Lake EJ, et al. Small bowel evisceration: a rare complication of laparoscopic ileostomy. *Colorectal Dis.* 2008; 10(4):407-8.
2. Duchesne JC, Wang YZ, Weintraub SL, et al. Stoma complications: a multivariate analysis. *Am Surg.* 2002; 68 (11):961-6.
3. Park JJ, Del Pino A, Orsay CP, et al. Stoma Complications: The Cook County Experience. *Dis Colon Rectum.* 1999; 42(12):1575-80.
4. Shellito, PC. Complications of Abdominal Stoma Surgery. *Dis Colon Rectum.* 1998 Dec; 41(12):1562-72.
5. Nagy K, Roberts R, Joseph K, et al. Evisceration after abdominal stab wounds: is laparotomy required? *J Trauma.* 1999; 47(4):622-6.



Figure 1. Abdominal exam findings after ileostomy bag removal.



Figure 2. Abdominal exam findings after ileostomy bag removal (from above).