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CORRESPONDENCE

Invited comment to the letter by K. Bielecki "Recurrent ileostomy prolapse: is it a solved problem?"

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Dear Editor,

Regarding the difficult clinical problem that Dr. Bielecki has proposed, this is a complicated situation [1]. The first thought that came to mind is the fact that the only thing we can do to prevent stomal prolapse is to do an extraperitoneal ileostomy. This was proposed by Professor Goligher many years ago [2], and I think that it is the only thing a surgeon can do to prevent a prolapse. It is not a very difficult procedure; it is just a matter of making an extra peritoneal tunnel and bringing the ileostomy up through the tunnel and then bringing it out through the abdominal wall.

I think this may have solved the problem for this patient; however, we have not been in the habit of making an extraperitoneal colostomy or ileostomy. You cannot build an extraperitoneal stoma routinely on every patient, and this patient had Crohn's disease and may have had a much thickened bowel to deal with, which may have not been appropriate to place in an extraperitoneal tunnel. The other question has to do with the fact that if you do get recurrence of the terminal ileum, and it is in an extraperitoneal tunnel, it may be even more difficult to deal with if recurrent Crohn's disease does occur.

Regarding the Nobel's plication, this is an operation we rarely do any longer; however, I think the way Dr. Bielecki managed it was the best thing to do in this situation.

References

1. Bielecki K (2010) Recurrent ileostomy prolapse: is it a solved problem? Tech Coloproctol. doi 10.1007/s10151-010-0598-8
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