Fournier's gangrene

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Objectives
Fournier's gangrene is a very serious surgical emergency seen all over the world. Fournier's gangrene is a rare, necrotising fasciitis of the genitals and perineum caused by a mixture of aerobic and anaerobic microorganisms. The complications of this synergistic infection are multiple organ failure and death. Due to the aggressive nature of this condition, early diagnosis is crucial. Treatment involves extensive soft tissue debridement and broad spectrum antibiotics. Despite appropriate therapy, mortality is high. Here we report a case of an elderly man who applied to Emergency Department with necrotic perineal areas.

CASE: A 67-year-old male, a known diabetic on irregular treatment, admitted to Emergency Department with complaints of swelling, pain, and smelling discharge from the scrotum of 9 days duration. On examination, he was conscious. There was pallor but no icterus, and lymphadenopathy. He was mild dehydrated. His pulse was 110/min, his blood pressure was 110/78?mm?Hg. Body temperature: 38.2, Systemic examination revealed no abnormality. His scrotum was grossly edematous with multiple discharging gangrenous patches left sides. Scrotum was tender with palpable crepitations. Laboratory tests: hemoglobin: 8.8g/dl, Leukocytes 20,800 / pl, CRP: 142 g / dl, creatinine 1.05 mg / dl, sodium 130 mmol / L, AST: 43 u / l, ALT: 25 u / l in the emergency ultrasonography; scrotal tissue edematous and thickened. On the left under the subcutaneous tissue had increased echogenicity compatible with gas. Appearance was consistent with Fournier gangrene. He was taken up for emergency debridement. All the devitalized tissue was excised. Postoperatively patient was managed with broad spectrum antibiotics and wet dressing. In the following days the patient was discharged.

CONCLUSION: Fournier's gangrene is not common, a clinical diagnosis is confirmed by suspicion. Treatment of patients are haemodynamic stabilization, broad spectrum antibiotics and early aggressive surgery. When there is Perineal, genital and perianal lesions we should consider Fournier gangrene in preliminary diagnosis with multidisciplinary approach

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