

Case Report

Perineal Necrotising Fasciitis: About a case

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Abstract: Necrotizing fasciitis is not uncommon but in the era of therapeutic and prophylactic antimicrobial, it is considered to be a rare entity. The triad of pelvic pain, edema, and any sign of septicemia carries an extremely grave prognosis and mandates immediate surgical intervention. Treatment of the perineal necrotizing fasciitis is combined--surgery and therapeutic management. Surgery should be performed at first within the first 24 hours as an emergency including a lot of incisions, necrectomy and effective drainage.

Keywords: Necrotizing fasciitis, perineal necrotizing fasciitis.

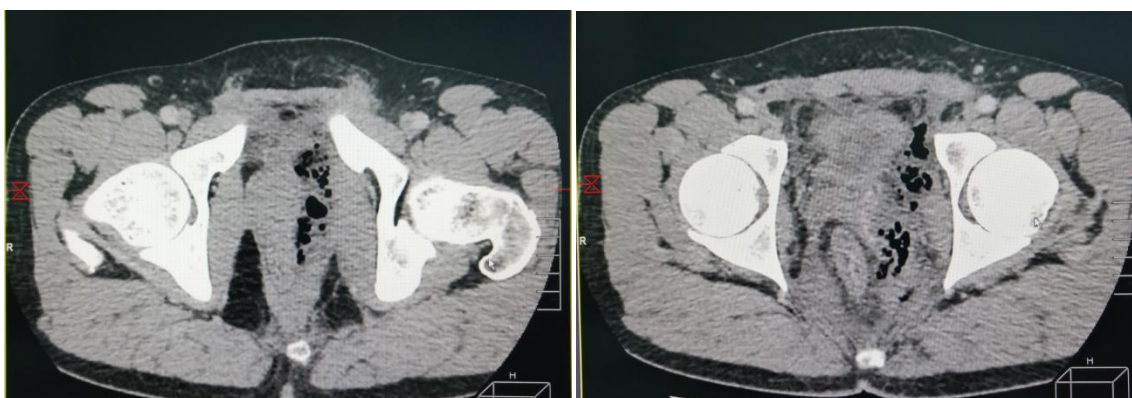
INTRODUCTION:

Necrotizing fasciitis is one of the uncommon presentations of a rapidly spreading subcutaneous tissue infection. It is a potentially lethal infection that requires immediate and aggressive surgical care (Stephen, O'Neill. *et al.*, 2011; Amaranathan, A. *et al.*, 2015-2019). Surgery should be performed at first within the first 24 hours as an emergency.

Case Report:

We present a case of 35-year-old men, free of any chronic medical illnesses, with abdominal pain that is present for more than 3 days. This patient came in septic with hypotension, tachycardia, and obtunded

mental status. On examination, he was febrile with a temperature of 38.8°C. Blood pressure was 124/70mmHg and pulse rate was 110/min. An urgent CT of abdomen and pelvis showed rectal wall thickening with air in the pelvis but no tumour or diverticulae (see figure 1). Without abnormal results of the colonoscopy (see figure 2). MRI is considered the modality of choice in the investigation of necrotizing fasciitis with a sensitivity of 93%. T1 and T2 sequences are imperative to assess both the anatomy involved and detect fascial thickening (see figure 3). Definitive operation was accomplished within 48 hours of the diagnosis of necrotizing fasciitis in our case.



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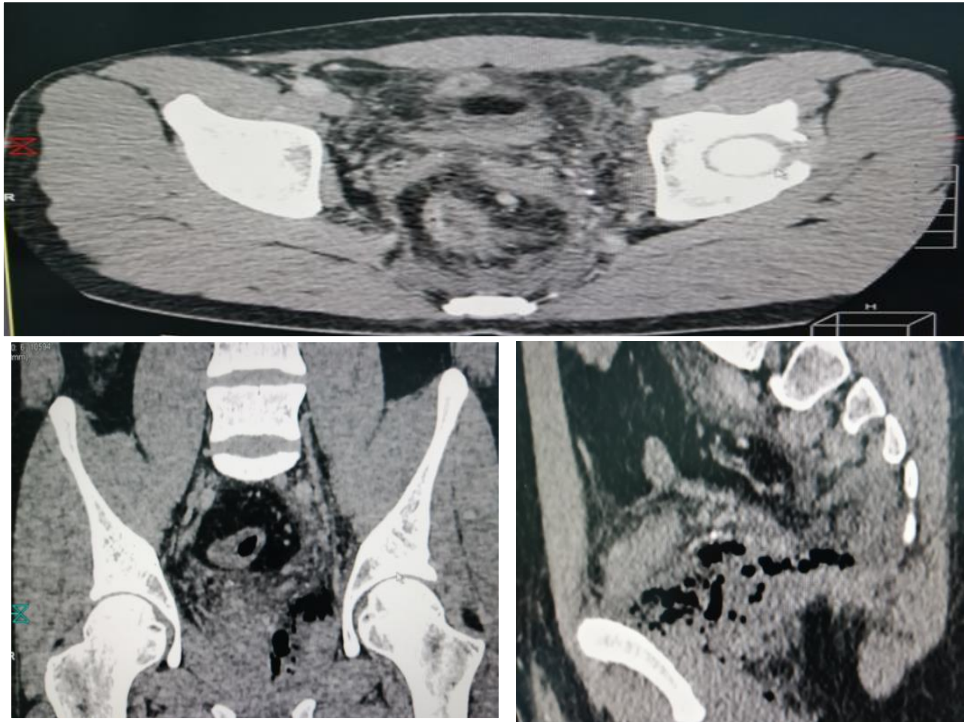
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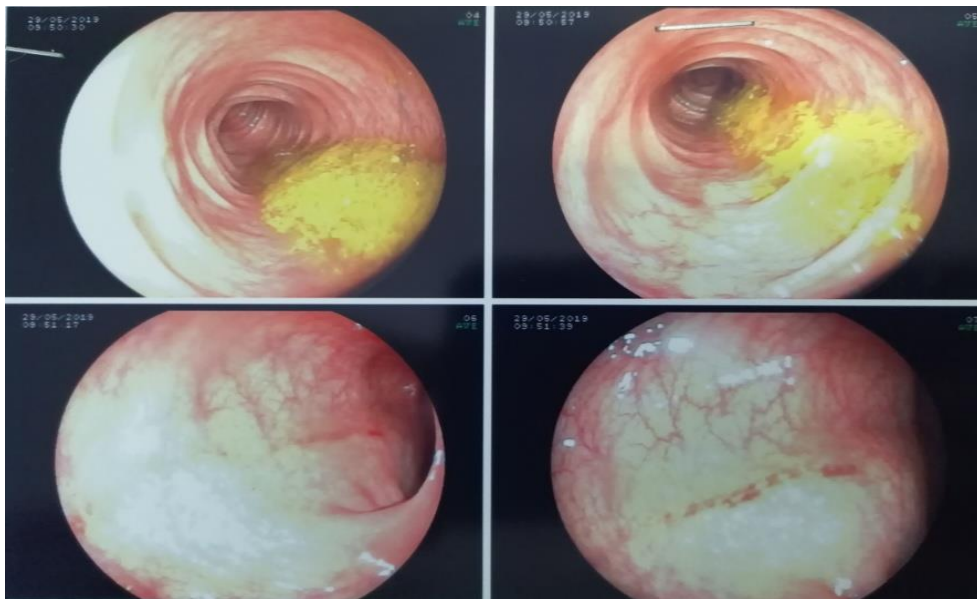
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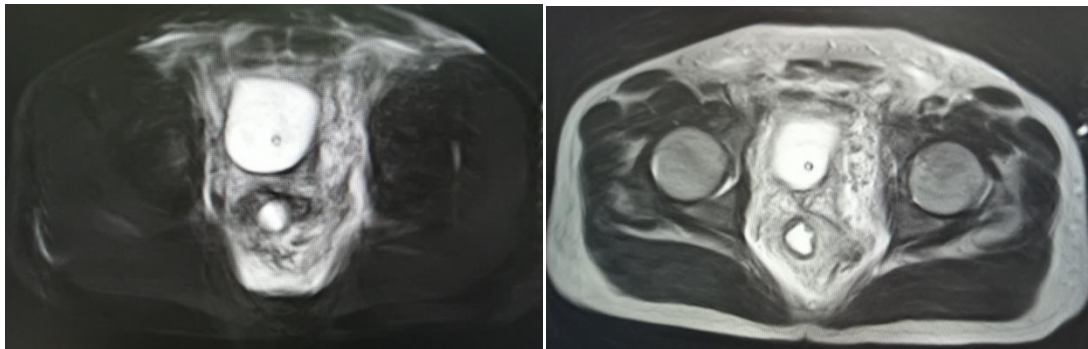
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Figures 1: CT scan of abdomen and pelvis showing free air around rectum



Figures 2: Colonoscopy.



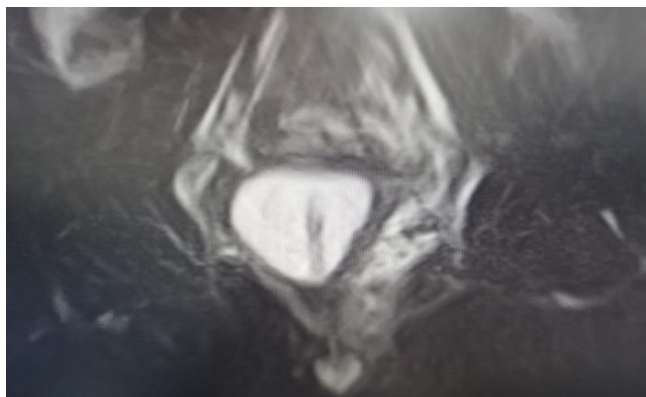


Figure 3: MRI showing necrotizing fasciitis and free air around rectum

DISCUSSION:

Necrotizing fasciitis is a lethal soft tissue infection characterised by rapidly progressive inflammation and necrosis of the subcutaneous fascial tissues. The adjacent skin and muscle are relatively spared until late in the course of the disease.

The most common type is a polymicrobial infection with both aerobic and anaerobic organisms, the second form of the disease is caused by a single organism (streptococci) Dr Craig, H., & Dr Yuranga, W. *et al.*,

The sensitivity of CT is 80%, but the specificity is low. CT classically tends to show soft-tissue gas associated with fluid collections within the deep fascia, although this finding is inconstant Dr Craig, H., & Dr Yuranga, W. *et al.*,

MRI is useful in the diagnosis of suspected necrotizing fasciitis. Signal abnormality consisting of linear areas of T2 hyperintensity in the deep intermuscular fascia is an important feature for diagnosis. T1 weighted fat-suppressed Gd-DTPA contrast-enhanced fast SE sequence has an adjunctive role in the investigation for necrotizing fasciitis (Ali, S. Z., Srinivasan, S., & Peh, W. C. G. 2013).

Treatment with surgical debridement must be instigated without delay or the patient inevitably succumbs to sepsis and multi-organ failure¹.

CONCLUSION:

Necrotizing fasciitis is a medical emergency with potential lethal outcome. Dissecting gas along fascial planes in the absence of penetrating trauma (including iatrogenic) is essentially pathognomonic. Our patient was managed successfully by urgent wound debridement.

Conflict of interest: None

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