CASE REPORT

An image case of necrotising fasciitis: a severe postoperative complication

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DESCRIPTION

This patient was diagnosed with necrotising fasciitis, commonly known as the 'flesh eating disease'. It usually manifests in patients who are immuno-compromised and it was later found that this patient was retroviral positive.

The infection usually begins at the site of trauma or surgery,¹ in this case following the drainage of an abscess 1 week earlier by a local community doctor. Following toxin release by pathogens such as *Streptococcus pyogenes*-resistant or methicillin-resistant *Staphylococcus aureus*, a local inflammatory response is mounted with subsequent necrosis of the skin and underlying subcutaneous tissue and muscle. If left untreated it may progress to sepsis and death.² In some cases a non-specific immune response may be mounted leading to toxic shock syndrome. Patients with necrotising fasciitis are often monitored in the intensive care unit.

TREATMENT

Starting intravenous antibiotics with a broad spectrum coverage is warranted following wound and blood cultures, which were positive for *S aureus* in this case. Prompt and extensive surgical debridement is needed to prevent infection from spreading which may reduce mortality rates from 23.5% to

10%. Negative pressure wound treatment is also used to aid wound healing. During severe infection, amputation of the affected limb may be necessary.² Involvement of the perineal or perianal regions (Fournier's gangrene) may necessitate additional stoma formation or intervention with other faecal management systems to reduce micro-organism contaminants.³

OUTCOME

This patient was successfully treated with intravenous antibiotics and underwent wound debridement with further skin grafting allowing him to keep the limb.

Learning points

- ▶ Immediate debridement and empirical wide spectrum antibiotic therapy should be the hallmarks of the treatment.
- ▶ Negative pressure wound therapy with or without collagen compounds may facilitate the formation of granulation tissue and ameliorates the infection.

Figure 1 Image of necrotizing fasciitis- one can appreciate the extent of tissue invasion following surgical debridement. Note gluteus muscles exposed.

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