Case Study

Not to be Missed.

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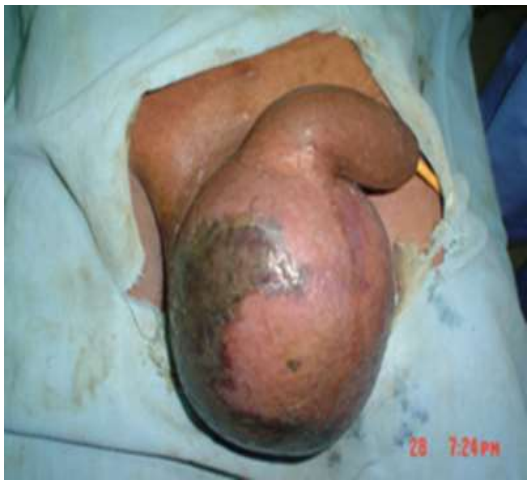

Pic source http://ispub.com/IJPS/3/1/12192

Case Study
35 yrs old male seen via Out of hours GP clinic ,was booked in for non urgent slot.
Problem started as itching and rash in scrotum 5/7 days.
Initially phone consultation by GP advised only OTC antihistamine.
2 days later worsening with red raised swollen spots,seen but was prescribed topical antifungal this time.
Later rash spreading ,very very painful out of proportion to symptoms and blistering and blackening of scrotal skin. Worsening symptoms even made it hard for patient to walk due to pain so he contacted out of hours GP services.
Pt not diabetic ,PMH of no significance regular meds.

This is Fournier's gangrene

Fournier's gangrene is a rare but life threatening disease. Although originally thought to be an idiopathic process, FG has been shown to have a predisposition for patients with diabetes as well as long term alcohol misuse. Immune compromise also favours occurrence of this condition.
Constellation of clinical features along with developing sepsis includes genital pain and tender scrotum with skin swelling in the perineum or genitalia with redness of perineal or genital skin showing ecchymosis, blistering or epidermolysis of skin .
But worth noticing is Worsening pain which out of proportion to the visible signs.
Patient may present with fixed staining and then necrosis and blackening of skin or often an open wound with serosanguinous discharge.
Fourniere's Gangrene is usually spreads through a localised small infective focus with exaggerated focal inflammatory and immune response. These causative organisms are most frequently isolated .Typically, the infection is multi microbial and reported to have shown Streptococcal

species and particularly beta haemolytic streptococci,Staphylococcal species,Anaerobes,Enterobacteriaceae or rarely Fungi too.

There is reportedly some form of synergy between the infecting organisms e.g. one organism produces enzymes to thrombose perforating skin vessels while other releases enzymes to destroy the fascia. As a result a fascial necrosis progresses under the skin with subsequent skin infarction and late muscle necrosis and causes out of proportion pain in respect to initial presenting symptoms..
This is an emergency and requires Urgent referral to on call Urologist .Rapid surgical treatment is essential under general anaesthetic. During surgical intervention all necrotic tissue is excised. A urinary catheter is needed at the start of this procedure to facilitate toileting during the course of further management.

After the infection has been treated the wound is closed with a variety of techniques like direct closure of mobile surrounding skin, split thickness skin grafting or regional flaps as well. In some very rare cases muscular flaps such as a pedicles rectus abdominis or gracilis may be necessary to a compensate for damaged caused from perianal debridement. Exposed testes and spermatic cord can be directly grafted gradually.

Inspite of seriousness of this condition if correct diagnosis and urgent timely referral is made chances of good recovery and healthy outcome is expected. Main issue is physician needs to keep this condition in differential list ,so not to be missed while dealing with patient with similar background history and clinical examination.

useful links:

http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20091222213551724280&linkID=72734&cook=yes

http://ispub.com/IJPS/3/1/12192

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