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A developing Fournier gangrene in an obstipated patient – a case report

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Background:

Fournier's gangrene is a rare acute necrotic infection of the scrotum, penis or perineum. It is associated with high mortality, therefore, emergency surgical debridement of necrotic tissues is crucial. This case report shows that when it comes to complex cases, it is important to do a thorough examination and to have differential diagnoses in mind with possible multidisciplinary treatments.

Case report:

A 71-year-old male patient presented to the emergency department due to severe constipation and lower abdominal pain of eight-day duration. The day before admission, he started vomiting intestinal substances. Previous medical history noted diabetes. Moreover, one month before, a solid cystic formation, located between the bladder and rectum, was verified by multislice computed tomography-urography. Physical examination revealed a distended abdomen with diffuse tenderness to palpation and abnormal peristalsis. Since inflammatory markers were elevated (C-reactive protein 141 mg/L, leukocytes 15 x 10^9/L), and air-fluid levels with colon meteorism were present on the x-ray, an indication for surgical management was established. A bipolar colostomy was formed because no organic cause of obstruction was found. However, the patient's condition worsens. He became febrile, and inflammatory markers continued to increase. The abdomen was still distended. He also developed edema, hyperemia, and tenderness of the testis, scrotum, and penis. Within one day, the skin of the perineum and perineal region became necrotic. Emergent exploration and extensive necrectomy were performed. Intraoperatively, there were no visible communications with the colon. After several necrectomy procedures, inflammatory markers returned to normal, and the patient was afebrile with no pain. The patient, in good general condition, with symptom relief, was discharged to home care after twenty-nine days of hospital treatment.

Conclusion:

Since the perineal region is often overlooked and the inflammation is difficult to notice, any clinical signs of developing infection and perineal pain require the exclusion of possible gangrene.

Keywords:

Debridement, Fournier gangrene, Necrosis