# Fournier's Gangrene

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**Citation**

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**Abstract**

Fournier's gangrene is an uncommon, rapidly progressive infection of the male genital, perineal and perianal regions with occasional cranial extension to the abdominal wall. It is characterized by a synergistic, necrotizing fasciitis leading to the thrombotic occlusion of small subcutaneous vessels and the development of gangrene. We The purpose of this manuscript is Fournier's gangrene picture accompanied by entire penile and scrotum skin to be gangrenous and necrotic ulcer.

## INTRODUCTION

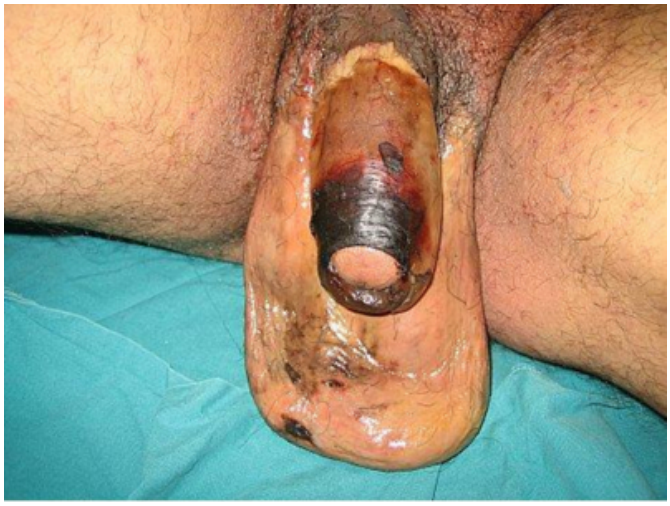
Jean Alfred Fournier defined male genital necrotizing soft tissue infections (NSTIs) as 'Fournier's gangrene' in 1843([1]). Wilson, firstly used the term of 'necrotizing fasciitis' for this ilness in 1952 ([2]).Currently the term of NSTIs use for these ilnesses.These infections can come into being in anywhere of the human body, however they generally seem in abdominal walls, extremites and perianal regions ([3]).

## CASE

A 50 year-old-male patient was presented with fever and pain with blackish discolouration of penis and scrotum skin for 2 days followed by blister formation and ulceration. Perineal examination revealed the entire penile and scrotum skin to be gangrenous and necrotic ulcer. In addition to, there was purulent stinking secretion (Figure 1). Ultrasonological examination of abdomen-pelvis was normal. Diabetes mellitus was only in his history. No other co-morbid diseases were known and there was no previous history of any drug allergies and local trauma.In the first examination of the patient, he was conscious, arterial blood pressure was 90/60 mmHg; a pulse was 112/min. The patient was dehydrated. He was hospitalized to intensive care unit at Dicle University Department of Emergency Medicine, and broad spectrum antibiotics like cefotaxime, amoxycillin+clavulinic acid, metronidazole and intravenous fluid resuscitation were administered parenterally. The patient was hold consultation with urologist in order to surgical debridement. Despite all measures, our patient died at the two hours of admission.

**Figure 1**

Figure 1:Perineal examination revealed the entire penile and scrotum skin to be gangrenous and necrotic ulcer.



## DISCUSSION

Fournier's gangrene is an uncommon, rapidly progressive infection of the male genital, perineal and perianal regions with occasional cranial extension to the abdominal wall. It is characterized by a synergistic, necrotizing fasciitis leading to the thrombotic occlusion of small subcutaneous vessels and the development of gangrene (3). Advanced age (over fifty years old), obesity, diabetes mellitus, peripheral vascular disease, local trauma, urethral stricture, malignant and perianal disease have been cited as the main predisposing factors ([4]).Ozgenel et all determined that; the most common predisposing factor was diabetes mellitus with twelve cases,within thirty patients ([5]).Traumas and üriner infections are the most common reasons of male genital NSTIs. %13-31 NSTIs are idiopathic cases having no alerting reason

([6]).Our patient had suffered from diabetes mellitus but there was no local trauma in his previous history. In spite of these advancements in management, mortality is still high and averages 20-30 percent ([7]).

## CONCLUSION

Early presentation and diagnosis, supportive measures and the use of broad-spectrum antibiotics with prompt and aggressive surgical debridement remain the cornerstone of management.

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