Scholars Journal of Medical Case Reports
Abbreviated Key Title: Sch J Med Case Rep
ISSN 2347-9507 (Print) | ISSN 2347-6559 (Online)
Journal homepage: https://saspublishers.com

OPEN ACCESS

Visceral Surgery

Fournier's Gangrene, an Exceptional Complication of Appendecto My Case Report

Ihab Youssef[1*], Fatimazahraa Benmoula[1], Ibtissam Talbi[1], Zakaria El Barkaoui[1], El Mahjoub Cherrab[1], Mohamed El Absi[1]

[1]Service Des Urgences Chirurgie Viscérale, Avicenne Rabat, Morocco

DOI: 10.36347/sjmcr.2022.v10i06.002 | **Received:** 26.04.2022 | **Accepted:** 30.05.2022 | **Published:** 02.06.2022

***Corresponding author:** Ihab Youssef
Service Des Urgences Chirurgie Viscérale, Avicenne Rabat, Morocco

Abstract **Case Report**

Fournier's gangrene is a fasciitis of the perineum, due to an acute bacterial infection necrotic bacterial infection of the soft parts of the perineum, by aerobic and anaerobic germs, with a severe prognosis with spontaneous evolution towards visceral failure and death. Although its etiologies remain unresolved, the urinary and anal outlets remain the main entry point. We report in this article an exceptional complication of an appendectomy in a 50-year-old non-diabetic patient whose immediate postoperative course was marked by the development of a Fournier's gangrene.

Keywords: Fournier's gangrene; Fasciitis; Appendectomy.

INTRODUCTION

The Fournier's gangrene is a rapidly progressive necrotizing fasciitis of the perineum and external genitalia, which requires a fast multidisciplinary therapeutic management.

Primary perineal and scrotal gangrene or Fournier's gangrene was first reported by Baurienne in 1764, it is usually called Fournier's gangrene, particularly in the English-speaking countries, according to the concept of "idiopathic gangrene" described by his author Jean-Alfred Fournier in 1884 [1].

It corresponds to a primary cutaneous gangrene of the external genitalia without any etiology found. Although not clear at this time.

Fournier's gangrene could be related to arteritis and thrombosis of infectious origin of the internal and external pudendal arteries. t is a relatively rare affection, with a clear male predominance, so the mortality is between 10% and 40% [2, 3].

There are many contributing factors, mainly diabetes, severe obesity, alcoholism and obesity and immunosuppression. They account for 50% to 80% of cases and can be incriminated both in the triggering of gangrene and in the severity of its evolution, by favoring the appearance of a visceral failure [4].

MATERIALS AND METHODS

Type of study: Our work concerns an observation of a patient presenting a gangrene of Fournier secondary to an appendectomy, treated in the service of emergency department of visceral surgery at the University Hospital of Rabat. The objective is to discuss the different aspects of this complication.

Patient Selection

The patient was hospitalized in the visceral surgery department of the University Hospital of Rabat for management of a Fournier gangrene.

Patient Observation

The patient is 56 years old, no diabetes or hypertension, no immunodeficiency. Operated 10 days ago in an outpatient facility for an appendicular abscess initial approach was a Macc Burny incision. The postoperative evolution was marked by the progressive installation of an infection of the operative site. Put under local wound care twice a day and an antibiotic therapy based on metronidazol and C3G.

The postoperative evolution was marked by the installation of a swelling of the scrotum, without clear improvement of the parietal infection.

On admission: patient was hemodynamically and functionally stable, GSC: 15/15, BP: 132/67 Examination of the abdomen showed a tender abdomen with a parietal infection in the right iliac fossa at the Macc Burney point.

Examination of the external genitalia: finds oedematous testicles with a necrotic appearance The rest of the somatic examination was unremarkable.

The patient underwent a biological workup showing a hyperleukocytosis of 14,000 and a c-reactive protein of 260 an abdominal CT scan with injection to objectify: Abscessed collection taking contrast after injection of contrast.

The collection was 14.8 cm long and 5 cm wide with an abdominal parietal opening in the right iliac fossa opposite an infiltrated digestive loop. This collection leaked subcutaneously in the inguinal and scrotal region, resulting in bilateral testicular gangrene.

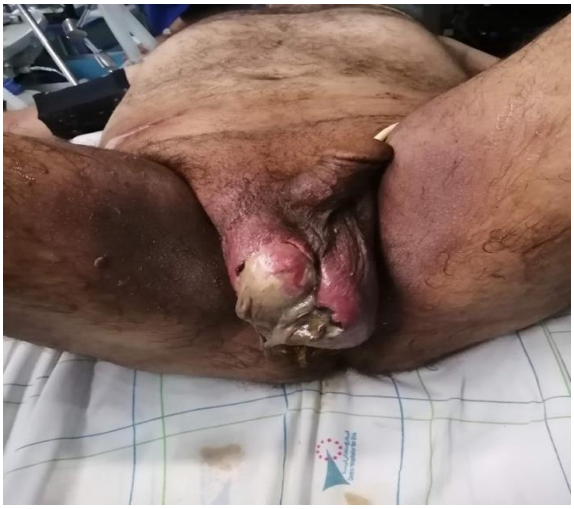

Figure 1: Testicle with necrotic appearance

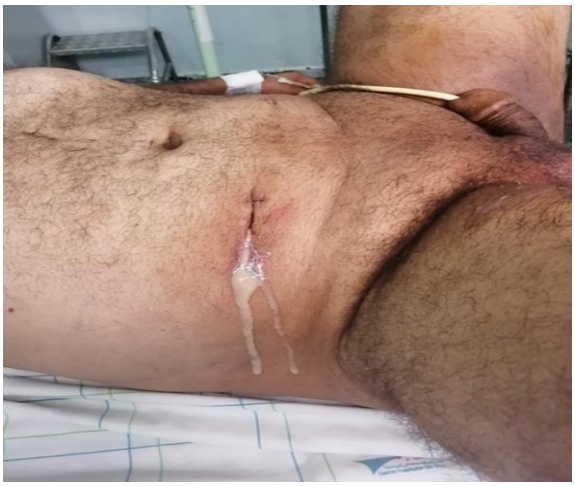

Figure 2: Parietal infection

Figure 3: Post-operative image

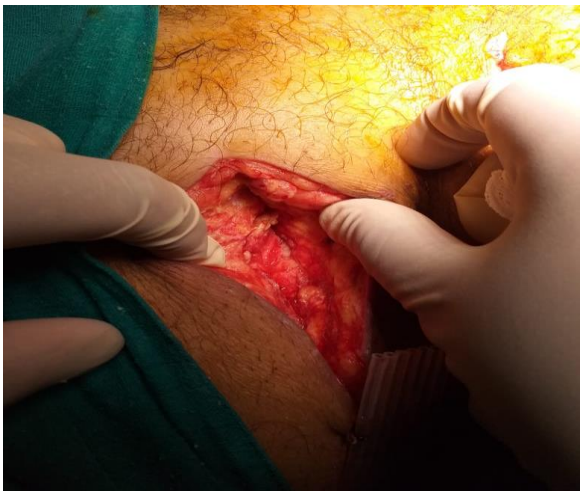

Figure 4: Post-operative image

DISCUSISON

At this point the patient was rushed to the operating room and benefited: A discharge incision and necrosectomy with wide drainage without recourse to a discharge colostomy.

Evolution: The postoperative evolution was favorable; with the beginning of healing from the 10th day.

CONCLUSION

The Fournier's gangrene is a rapidly progressive necrotizing fasciitis of the perineum and external genitalia, which requires a fast multidisciplinary therapeutic management. Discharge incision and necrosectomy with wide drainage without recourse to a discharge colostomy it the treatment adequate.

REFERENCE

1. Baurienne, H. (1764). Sur une plaie contuse qui s' est terminee par le sphacele de le scrotum. *J Med Chir Pharm*, *20*, 251-256.
2. Medina Polo, J., Tejido Sánchez, A., De la Rosa Kehrmann, F., Felip Santamaría, N., Blanco Álvarez, M., & Leiva Galvis, O. (2008). Gangrena de Fournier: estudio de los factores pronósticos en 90 pacientes. *Actas urológicas españolas*, *32*(10), 1024-1030.
3. Ullah, S., Khan, M., & Jan, M. A. U. (2009). Fournier's gangrene: a dreadful disease. *The Surgeon*, *7*(3), 138-142.
4. Verit, A., & Verit, F. F. (2007). Fournier's gangrene: the development of a classical pathology. *BJU international*, *100*(6), 1218-1220.
5. El Mejjad, A., Belmahi, A., Choukri, A., Kafih, M., Aghzadi, R., & Zerouali, O. N. (2002, January). La gangrène périnéo-scrotale: à propos de 31 cas. In *Annales d'urologie* (Vol. 36, No. 4, pp. 277-285). Elsevier Masson.
6. Yang, S. C., & Wu, T. J. (2001). Fournier's gangrène. Taiwan experience. Zhonghua Yi Xue Za Zhi (Taipei), 64, 230-243.
7. Smeets, L., Bous, A., Lecoq, J. P., Damas, P., & Heymans, O. (2006). FASCIITES NÉCROSANTES: stratégie diagnostique et thérapeutique. *Revue médicale de Liège*, *61*(4), 240-244.