AB185. SOH21AS226. The management of Fournier’s Gangrene in an Irish university hospital: a case series

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Background: Necrotising fasciitis (NF) is a rare but life-threatening surgical emergency. Bacterial infection spreads rapidly along fascial planes leading to fulminant soft tissue necrosis and systemic toxicity. Fournier’s Gangrene is NF affecting the perineum or and genitalia, typically caused by polymicrobial facultative organisms and anaerobes. Gold-standard treatment involves immediate broad-spectrum intravenous antibiotics, fluid resuscitation and aggressive surgical debridement of all necrotic tissue followed by supportive care for severe sepsis. Once suitable, delayed grafting of other reconstruction of the perineum may be performed.

Methods: A retrospective review was performed of all cases of Fournier’s Gangrene presenting to our institution over a two-year period.

Results: During the study period, five patients were treated for Fournier’s Gangrene. Patients were managed by either a consultant urologist or consultant general surgeon. Four patients were male and one was female. All five patients were obese. All patients underwent emergency surgical debridement of their perineum and required multiple subsequent procedures to ensure adequate excision and reconstruction. Four of the patients had a defunctioning stoma created. Three of the four male patients had neoscrotum constructed for their testis while one had a resection of one of his testis. Each patient was treated with a different antibiotic regimen depending what organisms were cultured from debrided tissue. There was an 80% (n=4) survival rate. One patient died of respiratory arrest.

Conclusions: NF remains a significant surgical challenge, with a high rate of both mortality and long-term morbidity with functional and cosmetic deficits. However, with timely expert multidisciplinary team (MDT) input, outcomes can be salvaged.

Keywords: Fournier’s Gangrene; necrotising fasciitis (NF); surgical debridement; perineal infection; tissue infection

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Footnote
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