

A Case Report of Fournier's Gangrene Vulva

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Abstract: Fournier's gangrene is a rare entity especially in females. In females it may complicate episiotomy wounds or perineal tears. It may present in the puerperal period when the immunity in the female is low. These days, with the availability of broad spectrum Antibiotics, this condition is rarely encountered but should be suspected in neglected unattended home delivery cases in puerperal period as in the case report.

Keywords: Fournier's gangrene necrotizing immune suppression, diabetes and chronic alcoholism

1. Introduction

Fournier's Gangrene is a necrotizing fasciitis, involving the genital, perineal & perianal region. The infective process leads to thrombosis of subcutaneous blood vessels including perforating vessels resulting in gangrene of overlying skin. Early recognition of this condition with prompt surgical treatment and early antibiotics form the cornerstone of its management¹. The disease is more common in males, and male to female ratio is 10:1. The victim of disease usually have an underlying systemic disorder leading to immune suppression, like diabetes, chronic alcoholism, following organ transplantation, chemotherapy for malignant disease and HIV. In women genital gangrene typically arises from vulvar or Bartholin abscess and spreads to involve vulva or perineum². It may also complicate episiotomy, hysterectomy, septic abortion and cervical or pudendal nerve blocks. Despite modern supportive measures mortality is still high (30-76 %) ³.

2. Case report

A 28 year woman, from a low socioeconomic background, presented to outdoor department of Gynecology tertiary care hospital, with severe pain swelling and discoloration of vulval and perineal region. Patient was Para 4 and had delivered 12 day back at home. It was a difficult delivery. Ten days after delivery patient developed intense itching redness and swelling of perineal area. Two days later patient noticed small ulcer over vulval region which gradually increased in size. It was associated with intense pain, swelling and fever. Patient was treated at primary health centre with I/V antibiotics but symptoms aggravated and patient was referred to tertiary care hospital. On general examination patient was anemic but afebrile, respiratory rate 20/min, Pulse 120bpm, Bp-110/70 mHg, pallor ++.

On systemic examination patient was stable and systemic examination was normal. On local examination vulva was edematous, cyanosed and there was bronzing of skin on posterior 2/3rd of labia major. There was a 2nd degree perineal tear with dirty pussy discharge from the wound. Patient was admitted. All baseline investigations were sent. Hematological investigations revealed anemia. Rest of the baseline investigations were normal. Blood culture and pus culture were also sent on admission. Patient was non-diabetic, Elisa for HIV and TB were negative: Blood culture was sterile, but pus culture showed growth of Enterococci sensitive to Gatifloxin and Vancomycin. Patient was resuscitated with Intravenous antibiotics. Prompt debridement of wound was done. All necrotic skin and affected subcutaneous tissue were excised aggressively. Foley's catheter was put in. Wound was assessed every 24 hrs and further debridement as required was done. Eight procedures were required. Wound was dressed with hydrogen peroxide, superoxide, (oxum) and povidone iodine. After one month, healthy granulation tissue appeared on wound and secondary suturing of wound with anatomical reconstruction of vulva was done after undermining of edges. Patient was discharged and after 15 days patient reported to OPD with a healed wound.



Fig. 1. OPD with a healed wound

3. Discussion

Fournier's gangrene is a fatal synergistic infectious disease with necrotizing fasciitis of the perineum and abdominal wall along with the scrotum and penis in man and the vulva in women ⁴. Diagnosis is mainly on clinical grounds with a high index of suspicion. Prognosis depends on the timely diagnosis, antibiotics treatment and surgical excision of all necrotic tissue.³ along with treatment of underlying cause. It usually occurs in immune compromised patients and following colorectal or urogenital diseases⁴. In this patient, it probably resulted due to secondary infection of perineal tear which

followed delivery. Prompt recognition and aggressive therapy resulted in favorable outcome in this patient.

4. Conclusion

Even In this Era of Medical Facilities, there are still cases of difficult home deliveries unattended, with perianal tears which can lead to serious complications including the rare Necrotizing Fasciitis. More & more awareness Programmes thus are required to be conducted to emphasize the importance of Hospital Deliveries/attended deliveries in far-flung areas.

References

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