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Fournier's Gangrene at the Department of Ignace Deen's General Surgery, University Hospital Center (Chu-Ignace Deen) of Conakry

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ABSTRACT

Introduction: *Fournier's gangrene is a severe polymicrobial infection of the soft tissues of the perineum and external genitalia that affects the superficial and deep fascia. The progression is rapid and unpredictable.*
The objective was to describe the management of Fournier's gangrene in the Ignace Deen general surgery department.

Clinical Case: *It's about four (04) patients were admitted and operated on in the General Surgery Department of the Ignace Deen National Hospital.*

All our patients were male and their average age was 49 years. Obesity, a urinary tract infection, and an immune deficiency were noted.

All patients presented with pain, malodorous necrosis, and putrefaction. The average length of stay was three days. Two patients had used poultices. Discoloration of the skin of the external genitalia and underlying tissues was noted. Their general condition deteriorated with prostration, physical asthenia, anorexia, profuse sweating, and fever.

All patients underwent surgery, two under spinal anesthesia and two under general anesthesia.

The surgical procedure consisted of debridement. Postoperatively, all received medical treatment and a sitz bath. The average length of stay was 21 days. One death from septic shock was recorded.

Conclusion: *Fournier gangrene is a severe destruction of perineal soft tissue resulting from a multimicrobial infection that rapidly progresses to necrosis and septic shock.*

Keywords
Gangrene, Fournier, Genital organ, Perineum, Surgery.

Introduction
Fournier gangrene is a severe and rapidly progressive necrotizing fasciitis of the perineum and surrounding genital organs [1].

It is a medical and surgical emergency of multimicrobial origin involving aerobic and anaerobic organisms [2]. The infection can affect the genitourinary, colorectal, or cutaneous organs, resulting in profound and rapid destruction of the perineum, external genitalia, and soft genitalia. It primarily affects men. Its fatal outcome is rapid in 20 to 80% of cases [1,2].
The objective was to present the results of the management of Fournier's gangrene in our department.

Clinical Case
It's about four (04) patients were admitted and operated on in the

General Surgery Department of the Ignace Deen National Hospital.

All our patients were male, with a mean age of 49 years, ranging from 26 to 77 years. Three of them were married.Two (02) patients were obese. Two had a known urinary tract infection, another had a urethral stricture, and a positive retroviral serology. Pyuria was present in one patient. Acute, intense, and constant perineal pain was present in all patients, with an ulcer or tissue necrosis associated with a foul odor of putrefaction.

The average time to consultation was three days. Two patients had used poultices. Discoloration of the skin of the external genitalia and underlying tissues was observed. A deterioration in their general condition was noted, with prostration, physical asthenia, anorexia, profuse sweating, and fever.

All patients underwent surgery: two under spinal anesthesia and two under general anesthesia.

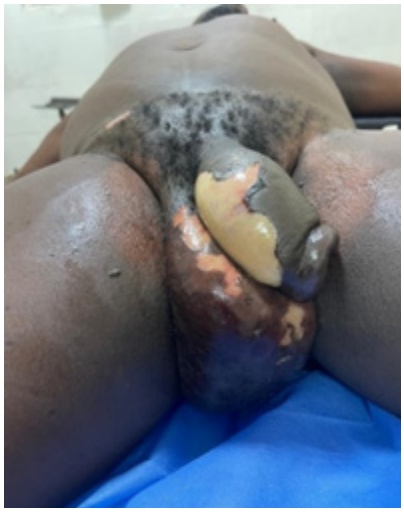

Figure 1: Uro Genital organ necrosis before.

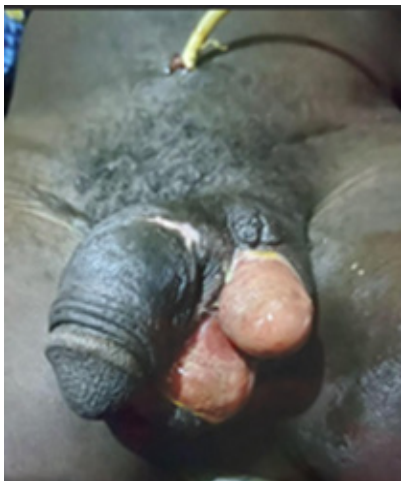

Figure 2: Healing in progress.

The surgical procedure consisted of skin flattening with excision of all necrotic tissue. Postoperatively, all patients were placed on intravenous drips, antibiotics (Pyocef and Flagyl), and analgesics. Two patients received blood transfusions, and one patient was placed on oxygen therapy. All patients received a sitz bath with Dermobacter. The average hospital stay was 21 days, and the average healing time was 43 days.

Three out of four patients had a favorable outcome. One case of death from septic shock was recorded in a diabetic patient.

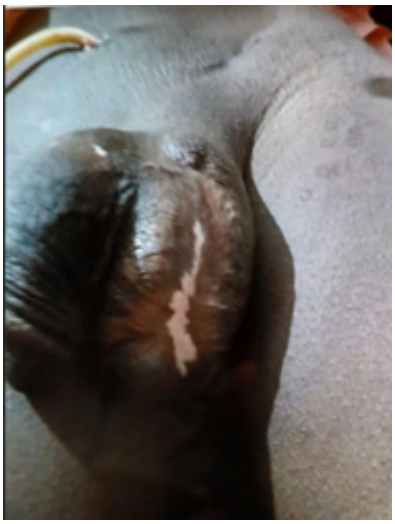

Figure 3: Wound healing.

Discussion

Fournier's gangrene is a relatively rare condition in surgery. It is an acute, widespread, and necrotic bacterial infection of soft tissues. All our patients were male, but this infection can occur in women, where it is often associated with urogenital or anorectal infections, and conditions that promote vaginal infections.

Its prevalence has been noted in adults, who are more exposed to urogenital infections and intimate activities. Diabetes, HIV, and obesity have been identified as contributing factors. Diabetic or immunocompromised individuals are particularly vulnerable [3-5].

In our study, we observed a delay in diagnosis, partly related to traditional treatments and self-medication. The infection affects the soft tissues, destroying the pudendal artery and its clavicular branches, and necrosis occurs suddenly and spreads rapidly.

The lesions at admission of our patients were marked by profound sepsis with massive destruction of the perineum and external genitalia. Their general condition was impaired, with fever and shock. Medical treatment consisted of antibiotic therapy (ceftriaxone and flagyl) and resuscitation. All patients underwent emergency surgery.

The surgical procedure consisted of flattening the collections and excision and debridement of all devitalized tissue. It is associated with a high mortality rate requiring rapid and aggressive management [6,7].

The only recorded death occurred in the oldest patient, a diabetic, who presented late in life in a state of infectious shock. In cases of significant substance loss, plastic surgery may be indicated [5].

Conclusion

Fournier gangrene is severe soft tissue destruction resulting from a multimicrobial infection that rapidly progresses to necrosis and septic shock. The prognosis depends on early diagnosis and effective treatment.

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