

Fournier's Gangrene

A two-month-old male infant presented with progressive swelling over both sides of scrotum, moderate to high fever and listlessness since five days. The scrotal skin was reddened, edematous, tense, and shiny. There was an ulcerated lesion of size 5 × 5 centimeters present over both sides of the scrotum. The edges of the ulcer were edematous, reddened, and irregular. The floor had slough, with a purulent, fowl smelling discharge. Both the testes were exposed. Perineal and perianal area was otherwise normal (*Fig. 1*). A diagnosis of Fournier's gangrene was made. The patient was treated with antibiotics in addition to wide surgical debridement. The surgical wound healed well after secondary suturing (*Fig. 2*).

Fournier's gangrene (FG) is an uncommon, rapidly progressive infection of the genital, perineal, and perianal regions. It is characterized by a synergistic necrotizing fasciitis leading to thrombotic occlusion of small subcutaneous vessels and development of gangrene. It is uncommon in children.

Common causes in children include trauma, insect bites, circumcision, surgeries or invasive procedures in perineal region, urethral instrumentation, burns, perirectal abscesses, and systemic infections. In children the causative organisms usually are streptococci, staphylococci with anaerobes. The differential diagnosis in children includes cellulitis, balanitis, orchitis, epididymitis, torsion, strangulated hernia and benign scrotal edema. FG is a true surgical emergency that is rapidly progressive and lethal. High index of suspicion, prompt diagnosis, fluid resuscitation, broad spectrum antibiotics containing metronidazole followed by wide debridement is the key to successful treatment. Mortality rates in children vary from 9% to as high as 30% in infants younger than 3 months.

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Fig. 1. Ulcerated lesion over scrotum with slough and exposed testes.



Fig. 2. Healing with primary intention after secondary suturing.