Case Report on Fournier's Gangrene
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ABSTRACT
Fournier’s Gangrene is a rare condition marked by fluminent polymicrobial necrotising fasciitis which involves scrotum or penis, or both with occasional extensions upto the abdominal wall. Pre disposing factors includes Diabetes mellitus, Immuno compromised patients, Alcoholism, Tobacco, Chemotherapy, Radiography etc. Fournier’s Gangrene occurs at any age and it effects mostly in men but also effects women too. We present a case of Fournier’s Gangrene - A 40 years old male patient was admitted in emergency department with the complaints of pain over the Testicular region, Itching, Ulcerative over the scrotal region with foul smell & pus discharge and fever. This symptoms have started five day prior to the presentation but symptoms are rapidly progressive in nature since 24 hours of admission. His past medical history reveals that he has Diabetes mellitus type-1 and on medication. He had undergone surgery of hydrocelectomy one month back. The management steps Includes Resusitation, Broad spectrum Antibiotics, Surgical debridment and skin grafting. As the patient is known diabetes the chances of infection is more. So early presentation, diagnosis and treatment plays a major role in preventing further complications. In order to do this, we have to provide awareness about the disease among the people.

Key words: Fournier’s Gangrene, Infection, Debridement, Necrotising fasciitis.

INTRODUCTION
Fournier’s Gangrene is a serious surgical emergency condition which involves scrotum or penis or both with occasional extension upto the abdominal wall. This clinical condition was first described by Jean Alfered Fournier, A French Dermatologist and Venereologist reported five cases in 1882. The hallmark of FG is intense pain and tenderness in the genitalia. Fournier’s gangrene occurs at any age even early childhood. Fournier’s gangrene occurs in both male and female in a ratio of 10:1. This disease is infective in origin. The Aetiology includes abnormal sexual practices, parental drug abuse, trauma, insect bite, prior surgical procedures in the perenial region, burns. Predisposing factors of FG’s include Diabetes Mellitus, alcoholism, immunosuppression, tobacco abuse, chemotherapy, radiography, atrial Hypertension. Diagnosis includes ultrasonography, CT-scan, MRI, radiography, blood culture, complete blood count. Management of FG includes resusitation, broad spectrum, intravenousantibiotics, surgical debridment and supportive therapy. The present case report is of particular importance as it describes a case of FG with Type-1 Diabetes Mellitus. Management of this condition is always posses greatest challenge in reducing morbidity and mortality.

CASE REPORT
A 40 years old male patient was admitted into emergency department of government general hospital with complaints of fever, pain over the testicular region, itching and ulceration over the scrotal region with foul smell and pus discharge. His symptoms had started five days prior to presentation but had progressed rapidly in preceding 24 hours. The patient had past medical history of Type-1 Diabetes Mellitus since five years and he is under medication. Patient had undergone surgery of hydrocelectomy one month back. He was not an alcoholic. On examination patient was conscious, pallor was not present and icterus was present along with lymphedophony. His pulse was 86 beats per minute, BP was 110/80 MMHG. Systemic examination reveal that there is no abnormality. Local examination of scrotum reveals that he has Diabetes mellitus type-1 and on medication. He had undergone surgery of hydrocelectomy one month back. The management steps includes Resusitation, Broad spectrum Antibiotics, Surgical debridment and skin grafting. As the patient is known diabetes the chances of infection is more. So early presentation, diagnosis and treatment plays a major role in preventing further complications. In order to do this, we have to provide awareness about the disease among the people.

DISCUSSION
Fournier’s Gangrene is a rare condition marked by fluminent polymicrobial necrotising fasciitis, which is generally localised disease of scrotum or penis or both with occasional extension up to the abdominal wall. In literature many terms have been used synonymously to describe the condition which include idiopathic gangrene of the scrotum, perirethralphlegmon, streptococcal scrotal gangrene and cenegetiniccreotising cellulitis. The hallmark of Fournier gangrene is intense pain and tenderness in the genital with pronounced systemic signs and symptoms like fever and lethargy which may last’s up to 7 days with genital pain and tenderness. The patient may also experience edema of the overlying skin, dusky appearance of the overlying skin and necrotising patches are observed. If the patient is not managed
aggressively at this stage, the condition of the patient may worsen and sepsis with multiple organ failure may follow. The frequent involvement of retroperitoneal infection in FG. It has capability in ultrasound, endoscopy, and CT scan, and useful in selective cases to rule out retroperitoneal or intraabdominal disease process. When radiography is done in affected area, gas can be detected in the depth of soft tissues and absolute indication for surgical intervention. Ultrasonography can be differentiating intrascrotal abnormality from cellulitis. CT and MRI are useful in selective cases to rule out retroperitoneal or intraabdominal disease process.

The management of FG includes early hospitalisation, resuscitation, broad spectrum antibiotics, surgical debridement and adequate supportive therapy. The negative pressure wound therapy (NPWT) may represent solution to the risk of infection of a large open wound that usually remains after a surgical debridement. It is generally exposed to the atmospheric pressure between 50-125 mmHg in order to increase blood supply, migration of inflammatory cells and removal of exudates. Honey has been reported to be cost effective for wound management in FG. It has capability in controlling bacteria due to its low pH. Hyperbaric oxygen therapy shortens hospital stay, increases wound healing and decreases the gangrenous spread. Povidone iodine is used as a primary agent for the wound dressing. In recent years vacuum assisted closer (VAC) system dressing has significantly improved the post debridement wound care, minimizing the skin damage and speeding up the healing process.

CONCLUSION
FG is a serious surgical emergency with a high mortality rate. To decrease mortality rate the first step is early presentation of the patient to the hospital. In order to do this we have to provide awareness about this rare disease among the people. If the treatment is delayed the area of debridement will be increased, so early presentation, early diagnosis and early management is helpful in preventing the complications such as removal of affected organ and to stop the rapid spread of the disease to the other organs. However, despite advancements in diagnostic modalities and intensive care management, prompt diagnosis with early surgical debridement, antibiotic administration, good supportive care and primary disease management of comorbidities like diabetes mellitus is always a challenge in reducing the mortality and morbidity.

Ethical Approval
we prior taken permission from the superintendent and HOD of General Surgery Dr. Sriramulu MD, government general hospital, ONGOLE.

Acknowledgement
We thank the patient for allowing us to share his details regarding his condition. We are thankful to Dr. D. Sriramulu sir for explaining about the disease in detail and for encouraging
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us to make this case report and we also want to extend our
grateful to our guide Dr. J. BhargavNarendra Assist. Prof; Dr.
G. Pitchaiah PhD Pharmacology, Professor and HOD of QIS
College of pharmacy; Dr. D. Dachinamoothi M. Pharm, PhD
Professor & Principal of QIS College of Pharmacy.

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