

Necrotising Fasciitis: A life threatening cause of vulval pain



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Introduction

Necrotising fasciitis is a rare life threatening complication of a soft tissue infection which results in significant tissue necrosis, it is often polymicrobial (1).

Carries a significant mortality rate of 15-50% (1)(2).

Requires urgent debridement, multidisciplinary care coordination with involvement of ICU and experienced surgeons (1).

Risk factors: age, diabetes, obesity, immune suppression, drug use, chronic illness, malignancy, renal disease (2).

Symptoms

Early

- red, warm, swollen area
- Pain that is severe and extends beyond affected area
- Fever

Late

- ulcers, blisters, change in skin colour
- Dizziness
- Fatigue
- Resolution of pain

Pathology

Histology: soft tissue necrosis with abscess and acute inflammation

MCS of soft tissue: strep angiosus

Wound swab: strep angiosus

Admission bloods: WCC 13.5 CRP 278 lactate 0.7

Case Discussion

36 yo Female presented to her GP with pain to her left buttock, given a prescription for panadeine forte, augmentin DF

- 2 days later the pain had significantly escalated, noted reduced appetite, unable to sit, fevers
- Presented to emergency however due to a severe fear of needles declined bloods, IV antibiotics, was reviewed by a surgeon however patient discharged against medical advice
- The next day represented with increasing pain, fevers, extension of affected tissue towards labia was referred to gynaecology with concern of a bartholin's abscess
- Did accept cannulation/bloods/antibiotics
- On review by gynaecology consultant immediately called, obvious extreme distress, urinary retention, necrotic tissue – suspicion for necrotising fasciitis – cat 1 transfer to OT for debridement by gynaecology consultant and general surgeon
- Transfer to ICU post operatively, intubated with plan for repeat debridement following day
- 2nd operation required minimal further debridement
- Returned to theatre for 3rd debridement and vac dressing application
- Complicated course in ICU requiring inotropic support, 11 day admission and ongoing outpatient management for wound closure

Discussion & Conclusion

The management of this patient was complicated by her extreme fear of needles and her discharge against medical advice, however, once the diagnosis of necrotising fasciitis was made she was transferred to theatre quickly and had extensive debridement by experienced surgeons which likely contributed to her recovery.

Necrotising fasciitis if not recognised and acted on early carries a high risk of mortality and morbidity. Often requires vac dressings and complex flaps for wound closure.

References

1. Stevens DL, Bryant AE. Necrotizing soft-tissue infections. N Engl J Med 2017;377(23):2253–65. doi: 10.1056/NEJMra1600673.
2. Sultan HY, Boyle AA, Sheppard N. Necrotising fasciitis. BMJ 2012;345:e4274. doi: 10.1136/bmj.e4274.

