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Medical Imagery

Fournier's Gangrene in an Older Patient

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A 68-year-old diabetic man was sent to the emergency department because of fever and scrotal swelling for 4 days. Physical examination revealed mild soft tissue swelling and redness in the scrotum and perianal areas. The hematological investigations revealed a white blood cell count of 14500/uL with left shifts, and a hemoglobin of 9.6 g/dL. Pelvic X-ray photography indicated subcutaneous air on both sides of the scrotum (Figure 1A). Emerging computed tomography (CT) of the abdomen demonstrated widespread necrotizing fasciitis of the perineum and scrotum, suggesting Fournier's gangrene formation (Figure 1B and C). The patient underwent emergency surgery with wound debridement and was administered with antibiotics. However, his clinical condition was complicated with disseminated intravascular coagulation, leading to multiple organ failure. The patient eventually died on the 14th day in the hospital.

Fournier's gangrene (FG) is necrotizing fasciitis of the perineum and genitals with a high mortality rate. The most common causes are diseases of the large intestine and genitourinary system. Diabetes and alcoholism are predisposing factors. Among these patients, nearly 20% to 70% of patients with FG are diabetic.¹ We here present the typical radiographic image obtained from this patient. Pelvic radiograph revealed subcutaneous air above the scrotum, but this is not always the case. CT can provide higher specificity for diagnosis by accurately assessing the degree of disease.² Successful treatment depends on early diagnosis, aggressive surgical debridement and broad-spectrum antibiotics coverage,^{2,3} especially for the elderly with comorbidities including diabetes, alcoholism, and immunosuppression.

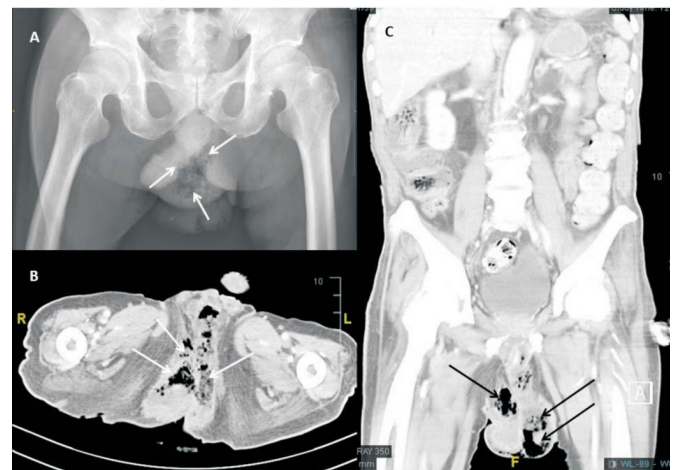


Figure 1. (A) Pelvic radiograph showing subcutaneous air on both sides of the scrotum (arrows). (B and C) Abdominal CT scan showing widespread necrotizing fasciitis of the perineum (white arrows) and scrotum (black arrows).

Funding sources and related paper presentations

None.

References

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