

Illustration

Fournier's Gangrene in a Diabetic Young Man

Soufiane Ennaciri, MD*; Mustapha Ahsaini, PhD; Moulay Hassan Farih, PhD

Department of Urology, Hassan II University Hospital, Fes, Morocco

*Corresponding author

Soufiane Ennaciri, MD

Department of Urology, Hassan II University Hospital, Fes, Morocco; E-mail: soufenna@hotmail.com

Article Information

Received: February 18th, 2019; Accepted: March 7th, 2019; Published: March 14th, 2019

Cite this article

Ennaciri S, Ahsaini M, Farih MH. Fournier's gangrene in a diabetic young man. *Urol Androl Open J.* 2019; 3(1): 6. doi: [10.17140/UAOJ-3-117](https://doi.org/10.17140/UAOJ-3-117)

Fournier's gangrene is a sometimes life-threatening form of necrotizing fasciitis that affects the genital, perineal, or perianal regions of the body. It is usually secondary to perirectal or periurethral infections associated with local trauma, operative procedures, or urinary tract disease.

We report the case of a 49-years-old man with uncontrolled type 2 diabetes, presented to the emergency department with painful swelling in the scrotum and perianal region. His temperature was 38.8 °C, his pulse 120 beats per minute, and his blood pressure 98/60 mmHg. The physical examination revealed necrosis in the external genitalia and erythema in the hypogastric region and perineum with induration and crepitus (Figure 1A). Computed tomography revealed a scrotal collection with subcutaneous emphysema in the lower abdomen, scrotum and perianal fascia. A diagnosis of Fournier's gangrene was made.

The treatment consisted of a necrosectomy and drainage of collections with achieving discharge incisions in the perineum and lower abdomen. In addition to surgery, the patient received volume replacement and broad-spectrum intravenous antibiotics.

The evolution was favorable after several days of care (Figure 1B). After that the patient was entrusted to reconstruction surgery.

CONSENT

The authors have received written informed consent from the patient.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

Figure 1. A. Pre-Operative Photo Showing External Genitalianecrosis and Hypogastric Erythema. **B.** Post-Operative Photo After Excision of the Necrotic Tissue and Discharge Incisions

