

**PP008 “DEADLY PUBIS”:
MASSIVE NECROTIZING
FASCITIS COMPLICATED WITH
ACUTE KIDNEY INJURY AND
VENTILATOR ACQUIRED
PNEUMONIA**

Alzamani Mohammad Idrose¹, Julina Md
Noor²

¹*Emergency and Trauma Department, Hospital
Kuala Lumpur*

²*Emergency and Trauma Department, Hospital
Sungai Buloh, Selangor*

INTRODUCTION

We describe a severe case of necrotizing fasciitis of the pubis extending to the abdomen. It was massive and despite multiple debridements and good antibiotics, patient still succumbed.

CASE DESCRIPTION

A 49 years old lady presented with generalized body weakness and vomiting for 2 days. She had a background history of diabetes and morbid obesity. A month earlier, patient was admitted for having abscess over the labia majora and pubic abscess. Incision and drainage were done twice. Patient took at-own risk discharge and was given antibiotics and performed dressing herself at home.

At the emergency department, examinations showed blackish discoloration of the skin over labia majora extending to buttocks with foul-smelling pus. Necrotic patch was noted over right lateral hip with size of 10x10cm surrounding erythematous skin. On presentation, her vital signs were: BP 114/70, PR 108, T 36.5. Her white cell count was 19.8. CT SCAN abdomen showed massive necrotizing fasciitis involving the labia majora extending to the abdomen.

Massive debridement was done in the operation theatre under general anaesthesia and patient admitted to the ICU. Inotropes were required subsequently. She completed

intravenous clindamycin for 1 week, meropenem 10 days and then continued with vancomycin and fluconazole. Subsequently she developed MRO acinetabacter infection as well as ventilator acquired pneumonia. High dose Unasyn was started. There was also incidental finding of left dislocated dysplastic hip joint which was treated conservatively. She developed oliguric acute kidney injury and dialysis was performed. She became asystole after 12 days in the ICU despite all efforts to revive her.

DISCUSSION AND CONCLUSION

Necrotizing fasciitis involving the pubis and abdomen is rare. Such incidents mostly occur in patient's limbs with immunocompromised background. An abscess can proliferate to massive necrotizing fasciitis despite undergoing multiple incision and drainage with high caliber antibiotics in diabetic patient. Prolonged ward admission would be required for such a case to avoid such sequelae.