

Early diagnosis and management of Fournier's gangrene [Diagnóstico Y manejo precoz de la gangrena de Fournier]

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Aim: The aim of this study is to report the results of a series of patients diagnosed with Fournier's gangrene underwent surgical debridement plus broad-spectrum antibiotics in the emergency department of the Hospital Barros Luco-Trudeau (HBLT) between 2009 and 2013, in terms of mortality associated with the disease. **Material and Methods:** Between 2009 and 2013, a case series of patients with diagnosis of Fournier's gangrene treated in the Emergency Department of the Hospital Barros Luco-Trudeau. The outcome variable was mortality attributed to the disease (MAD). Other variables were: age, sex, comorbidities, focus of origin, waiting time for antibiotic treatment and surgery to start, number of surgical debridement and agents isolated from cultures. Descriptive statistics were used, with calculation of measures of central tendency and dispersion. **Results:** During the study period, 56 patients were identified with diagnosis of Fournier's gangrene (60.7% were male) with a mean age of 52 years (23-75 years old). The MAD was 48.2%. The most common comorbidity was diabetes (66.6%). The more prevalent focus of origin was anorectal pathology (42.9%). The average waiting time from diagnosis to initiation of antibiotic therapy and surgery was 40 minutes (15-80) and 580 minutes (20-4320), respectively. The required surgical debridement average was 4. Isolated on the intraoperative tissue cultures agent was E. coli (51.8%). **Conclusion:** Mortality attributable to Fournier's gangrene is similar to that observed in the literature. © 2015, Sociedad de Cirujanos de Chile. All rights reserved.

Necrotizing? [MeSH]

?Fasciitis

?Fournier gangrene? [MeSH]

?Mortality? [MeSH]