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Introduction & Objectives: Fournier's gangrene (FG) is a rare, necrotizing fasciitis of the external genitalia, perineal or perianal regions. This study presents our experience in treating FG.

Materials & Methods: This work is a retrospective and descriptive study of all patients with FG treated in our hospital during a period of 5 years (2013-2018).

Results: A total of 36 men were diagnosed with FG. The mean age was 67 years (range 43-93 years). Major risk factors were arterial hypertension and diabetes mellitus. The most common signs and symptoms at presentation were scrotum pain (61%), hyperglycemia (36%) and tachycardia (33%). Necrosis was present in 6 patients (16%). In 56% imaging evaluation was necessary to establish the diagnosis. Anaemia, elevation of serological inflammatory markers and renal dysfunction were common. The mean time of disease progression, from the hospital admission and treatment was 15 hours. *E. coli* and *P. aeruginosa* were the most prevalent causative pathogens. All patients were treated with fluid resuscitation, broad-spectrum antibiotics and wide surgical debridement. Fecal diversion was done in 10 patients (28%). Reconstructive surgery was performed in 7 patients (19%). The mortality rate was 25%. The mean duration of hospitalization was 27.7 days (range 1-93 days).

Conclusions: FG is a life-threatening form of necrotizing soft tissue infection. The mainstays of FG treatment are urgent surgical debridement of necrotic tissue, broad-spectrum antibiotics, supportive care, wound management, and reconstructive surgery. Because of potential complications, it is important to diagnose the disease process as early as possible.