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0196-0644/$-see front matter

https://doi.org/10.1016/j.annemergmed.2019.06.012

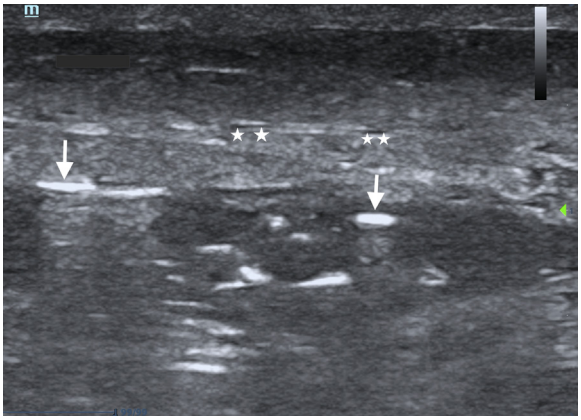

Figure 1. Longitudinal view of the right lateral thigh showing thickened fascia, fascial fluid (stars), and hyperechoic foci with dirty shadowing posteriorly (arrows).

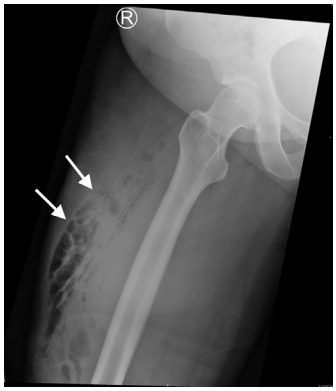

Figure 2. Radiograph of the right thigh showing subcutaneous air (arrows).

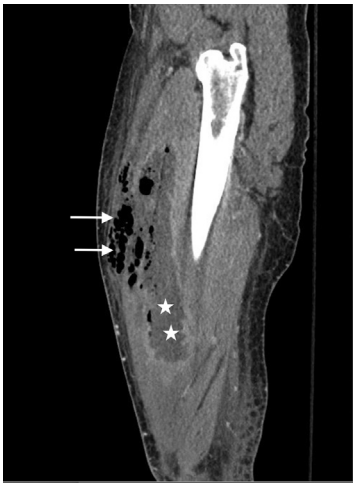

Figure 3. CT of the right thigh showing subcutaneous air (arrows) and complex intramuscular abscess (stars).

[Ann Emerg Med. 2019;74:e113-e114.]

A 36-year-old woman presented to the emergency department with 2 days of right-thigh pain and swelling that started after injection drug use. She had a temperature of 97.5°F (36.4°C), pulse rate of 115 beats/min, and blood pressure of 113/63 mm Hg; her physical examination revealed erythema and edema along the proximal right thigh, with significant tenderness but no crepitus. Her distal pulses were intact. Laboratory evaluation was significant for a WBC count of $20.2\times10^3/\mu L$ but was otherwise unremarkable. The emergency physicians performed point-of-care ultrasonography of the right-thigh extremity (Figure 1, Video), and the diagnosis was confirmed with radiography (Figure 2) and computed tomography (CT) (Figure 3).

For the diagnosis and teaching points, see page e114.
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IMAGES IN EMERGENCY MEDICINE

(continued from p. e113)

DIAGNOSIS:

Necrotizing fasciitis. Soft tissue ultrasonography revealed a thickened fascial plane, a small amount of fascial fluid, and areas of hyperechoic foci within the soft tissue, with dirty shadowing, consistent with necrotizing fasciitis.[1] The surgical team took the patient immediately to the operating suite for extensive debridement, and after a 10-day hospitalization she was discharged with oral antibiotics, with minimal morbidity.

In experienced hands, sensitivity and specificity for diagnosing necrotizing fasciitis have been reported at 88.2% and 93.3%, respectively,[2] and bedside ultrasonography remains critical in its diagnosis, especially for patients too unstable for alternative imaging.

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