



## Visual Case Discussion

## Fournier's gangrene of the penis

Alin Gragossian<sup>a,\*</sup>, Dany Hanna<sup>b</sup><sup>a</sup> Drexel University College of Medicine, Department of Emergency Medicine, United States<sup>b</sup> Hahnemann University Hospital, Department of Urologic Surgery, United States

## ARTICLE INFO

Fournier's gangrene  
Urology  
Emergency

A 57-year-old male with a history of type 1 diabetes mellitus, coronary artery disease, alcoholism, recent penile Fournier's gangrene (status post multiple debridement procedures) presents to the emergency department (ED) from a nursing facility with persistent hyperglycemia, mental status changes, and fever. He had been discharged from the hospital with strict instructions on wound care and dressing changes one week prior to presentation. He had been non-compliant with wound care instructions. Upon presentation, he was

febrile, hyperglycemic, tachycardic, diaphoretic, and persistently complained of body aches. His penis was circumferentially surrounded with a combination of fibrinous exudate and dry gangrene, status post numerous debridements (See Fig. 1). His infection from the week prior had worsened and was causing him to be in diabetic ketoacidosis. His hospital course was complicated with refractory hyperglycemia and penile pain requiring narcotic medication. Urology was consulted for evaluation and subsequently performed a partial penectomy.



Fig. 1. Localized Fournier's gangrene of the penis.

## Supplementary materials

Supplementary material associated with this article can be found, in the online version, at [doi:10.1016/j.visj.2019.100555](https://doi.org/10.1016/j.visj.2019.100555).

## Questions

1. What is the underlying cause of Fournier's gangrene?
  - a. It is usually a complicated polymicrobial infection involving streptococcal species, anaerobes, amongst others.
  - b. Candida species.
  - c. Methicillin-resistant Staphylococcus aureus.
  - d. Enterobacteriaceae species.
2. Which of the following is true regarding penile Fournier's gangrene?
  - a. It is a common infection.
  - b. It is usually caused by Staphylococcus aureus.
  - c. Risk factors include end-stage renal disease, diabetes mellitus, and peripheral arterial disease.
  - d. It is usually seen in young, healthy males.

\* Corresponding author.

E-mail address: [alingrag@gmail.com](mailto:alingrag@gmail.com) (A. Gragossian).

**Answers**

1. It is usually a complicated polymicrobial infection involving streptococcal species, anaerobes, amongst others. Explanation: From Talwar et al: "The following are the common causative microorganisms: streptococcal species, staphylococcal species, enterobacteriaceae species, anaerobic organisms and fungi. Most authorities believe the polymicrobial nature of this disease is necessary to create the synergy of enzyme production that promotes rapid multiplication and spread of the infection." Reference: Talwar A, Puri N, Singh M. Fournier's Gangrene of the Penis: A Rare Entity. J Cutan Aesthet Surg. 2010;3(1):41-4.
2. Risk factors include end-stage renal disease, diabetes mellitus, and peripheral arterial disease. Explanation: Localized penile Fournier's gangrene is not a common infection. It is usually seen in patients with complicated medical problems, including diabetes mellitus. Reference: Katsimantas A, Ferakis N, Skandalakis P, Filippou D. A Rare Case of Localised Isolated Penile Fournier's Gangrene and a Short Review of the Literature. Case Rep Urol. 2018;2018:5135616.