



Figure 1. Scout radiograph demonstrating gas tracking along the right thigh (arrows).



Figure 2. CT of the pelvis and thigh (axial view) showing a gas and fluid collection in the pelvis (long arrow) traversing the greater sciatic foramen into the thigh (short arrows).



Figure 3. CT of the pelvis and thigh (coronal view) showing a gas and fluid collection in the pelvis (long arrow) traversing the greater sciatic foramen into the thigh (short arrows).

[Ann Emerg Med. 2019;73:577.]

A 66-year-old man presented with 3 weeks of right posterior thigh and gluteal pain, which acutely worsened during the previous 2 days. His history was notable for surgically resected rectal cancer 3 years before, and he was receiving chemotherapy for recurrence. He had been treated at another institution for the same complaint, where ultrasonography of the leg did not show deep venous thrombosis. Physical examination revealed a patient in mild distress, with swelling and tenderness to the right lower extremity and mild tachycardia, and he reported having had a marked increase in leg pain during an episode of diarrhea.

Computed tomography (CT) of the pelvis and lower extremity was obtained (Figures 1 to 3; Video E1, available online at <http://www.annemergmed.com>).

For the diagnosis and teaching points, see page 598.

To view the entire collection of Images in Emergency Medicine, visit www.annemergmed.com

Alquezar, Miguel Alberto Rizzi, Sergio Herrera (Hospital de la Santa Creu y Sant Pau de Barcelona); Alex Roset, Irene Cabello (Hospital Universitari de Bellvitge, Barcelona); Fernando Richard, José María Álvarez Pérez, María Pilar López Díez (Hospital Universitario de Burgos); Joaquín Vázquez Álvarez, Ana Alonso Morilla, Andrea Irimia (Hospital Universitario Central de Asturias); Patricia Javaloyes, Víctor Marquina, Inmaculada Jiménez, Néstor Hernández, Benjamín Brouzet, Sergio Ramos, Ana López (Hospital General de Alicante); Juan Antonio Andueza, José Antonio Sevillano (Hospital General Universitario Gregorio Marañón de Madrid); Rodolfo Romero (Hospital Getafe de Madrid); Roberto Calvache (Hospital de Henares de Madrid); María Teresa Lorca,

Luis Calderón (Hospital del Tajo de Madrid); Beatriz Amores Arriaga, Beatriz Sierra (Hospital Clínico Lozano Blesa de Zaragoza); Enrique Martín Mojarro (Hospital Sant Pau i Santa Tecla de Tarragona); Lisette Travería Bécquer, Guillermo Burillo (Hospital Universitario de Canarias de Tenerife); Lluís Llauger García, Gerard Corominas LaSalle (Hospital Universitari de Vic de Barcelona); Carmen Agüera Urbano, Ana Belén García, Soto Elisa Delgado Padial (Hospital Costa del Sol de Marbella, Málaga); Ester Soy Ferrer (Hospital Josep Trueta de Girona); Manuel Garrido (Hospital Virgen Macarena de Sevilla); Francisco Javier Lucas (Hospital General de Albacete); Rut Gaya (Hospital Juan XXIII de Tarragona).

IMAGES IN EMERGENCY MEDICINE

(continued from p. 577)

DIAGNOSIS:

Necrotizing fasciitis of the thigh as a result of intraperitoneal bowel leak. The CT demonstrated rectal anastomotic breakdown and gas and fluid communication through the greater sciatic foramen into the lower-extremity musculature, which was concerning for necrotizing fasciitis. He was treated with broad-spectrum antibiotics and taken for emergency debridement. Blood and operative-site cultures grew *Streptococcus anginosus* and *Escherichia coli*.

Although occurrences are rare, pelvic infections may descend into the thigh, causing deep-space infection and necrotizing fasciitis. This phenomenon has been described in individuals without cancer but appears to be more likely in patients with colorectal malignancies.¹⁻⁶ In a 2015 report, 7 of 10 case reports found by the authors were associated with such cancers.⁷ Typical physical examination findings of necrotizing fasciitis may be delayed, although the association of stooling with thigh pain could alert clinicians to this entity.

Author affiliations: From the Department of Emergency Medicine, The University of Kansas Medical Center, Kansas City, KS (Marshall, Jackson); and The University of Kansas School of Medicine, Kansas City, KS (Williams).

REFERENCES

1. Takakura Y, Ikeda S, Yoshimitsu M, et al. Retroperitoneal abscess complicated with necrotizing fasciitis of the thigh in a patient with sigmoid colon cancer. *World J Surg Oncol.* 2009;7:74.
2. Liu SYW, Ng SSM, Lee JFY. Multi-limb necrotizing fasciitis in a patient with rectal cancer. *World J Gastroenterol.* 2006;12:5256-5258.
3. Highton L, Clover J, Critchley P. Necrotising fasciitis of the thigh secondary to a perforated rectal cancer. *J Plast Reconstr Aesthet Surg.* 2009;62:17-19.
4. Park SH, Choi JR, Song JY, et al. Necrotizing fasciitis of the thigh secondary to radiation colitis in a rectal cancer patient. *J Korean Soc Coloproctol.* 2012;28:325-329.
5. Stevens DL, Bryant AE. Necrotizing soft-tissue infections. *N Engl J Med.* 2017;377:2253-2265.
6. Hua J, Yao L, He Z-G, et al. Necrotizing fasciitis caused by perforated appendicitis: a case report. *Int J Clin Exp Pathol.* 2015;8:3334-3338.
7. Evans WDG, Winters C, Amin E. Necrotising fasciitis secondary to perforated rectal adenocarcinoma presenting as a thigh swelling. *BMJ Case Rep.* 2015;2015:bcr2014208312.