

Early and Aggressive Debridement Decreases Mortality in Fournier's Gangrene- Retrospective review in a Tertiary Hospital

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Objective

Fournier's Gangrene is a fast-moving, necrotizing infection of the perineum that typically presents with intense pain, swelling, erythema, and systemic signs like fever and sepsis. Diagnosis usually hinges on clinical assessment. Imaging (e.g., gas on CT) can help, but it's only present in ~50% of cases. Treatment must be swift and aggressive: resuscitation, broad-spectrum antibiotics targeting Gram-positive, Gram-negative, and anaerobic pathogens, followed immediately by radical surgical debridement. Antibiotic options include carbapenems or piperacillin-tazobactam, often paired with anaerobic coverage like metronidazole. Prognosis varies, recent case series report mortality rates between 5% and 17%, depending on comorbidities, organ dysfunction, and microbial resistance. Key markers tied to worse outcomes include high FGS or SOFA scores, coagulation problems, multidrug-resistant infections, and reduced haematocrit areas.

This study aimed to review the microbiology of blood cultures and the mortality

associated in patients with this rare condition at a tertiary referral center

Materials & Methods

This study included a retrospective analysis of patients diagnosed

with FG between 2008 and 2025.

Results

A total of 28 patients were included in the study. The average age of the patients was 56.2 years. Among these patients, 4 out of 28 (14.2%) died, reflecting a lower-than-expected mortality rate compared to previously reported ranges in the literature. Positive blood cultures were observed in 4 patients (14.2%), while urine cultures were positive in 3 patients (10.7%). The average time from initial assessment to surgical intervention (time to OR) was 4.5 hours, highlighting the emphasis on rapid debridement in managing this condition

Conclusion

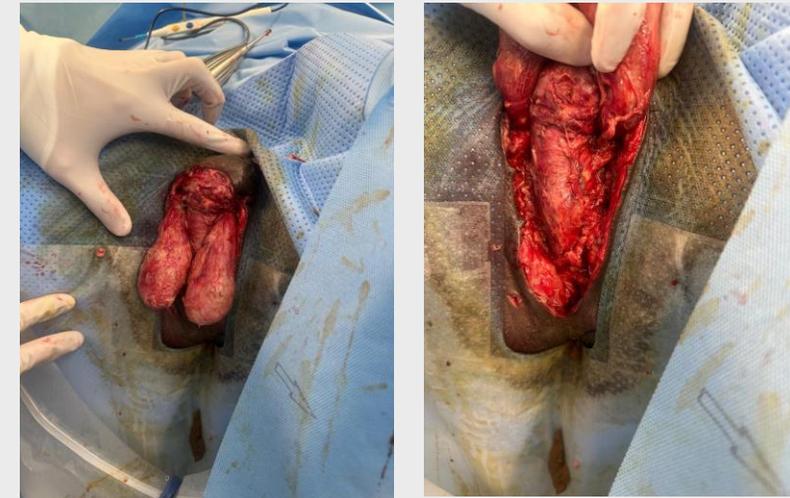
Although the quoted mortality rates are between 20 and 40% in most cases, and range from

4 to 88%. We have found very low mortality in our case series, it this is probably secondary

to early aggressive debridement and broad-spectrum antibiotic coverage which help reduce this mortality.

Also of note blood cultures are negative in a majority of the patients and it is imperative that

patients are started on appropriate triple therapy to reduce the morbidity and mortality



Post-debridement view showing extensive removal of necrotic tissue with healthy bleeding margins, consistent with aggressive surgical management of Fournier's gangrene