

Atypical Presentation Of Non Clostridial Gas Gangrene In Lower Limb

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INTRODUCTION:

Gas gangrene is a serious limb and life threatening infection commonly caused by Clostridial species. We presented a rare case of Escherichia Coli causing gas gangrene in limb after a trauma.

Report:

A 48 years old with underlying Diabetic Type 2, with history of Dynamic Hip screw done over left hip 20 years ago, presented to outpatient department with onset of leg and knee pain for 2 days after a trivial fall and was discharged with oral antibiotics with diagnosis of cellulitis. Due to worsening pain and lethargy, patient presented to Emergency department on day 6 of symptoms. On arrival, patient found to have severe sepsis requiring inotropic support. Local examination of leg revealed mild erythema over the leg with crepitus felt from ankle up to proximal third thigh. Dopler examination of Dorsalis pedis and Posterior tibial artery shows no compromise to distal circulation.

X-ray of lower limb shows gaseous collection in muscle, musculofascial and subcutaneous plane from ankle up to proximal thigh.

With diagnosis of gas gangrene, patient underwent fasciotomy of lower limb with radical debridement. Intraoperative noted there were large quantity of gas was released, myonecrosis with pus collection in rectus femoris, adductor muscles and muscles over lateral compartment of leg and pus collection over the knee joint. The pus and muscle cultures shows growth for E.Coli susceptible to fourth generation cephalosporin.

On post-operative day 1, patient's condition was worsening clinically and wound inspection revealed muscles were non-viable, hence proceeded with above knee amputation.

Figure 1. Radiographs showing the left lower limb during initial presentation



Figure 2. Radiograph showing gaseous collection from distal third left to proximal thigh



CONCLUSION:

Clinical presentation of clostridial and non clostridial gas gangrene varies significantly during initial presentation, as reported by many other authors. Gas gangrene caused by E. coli is rare with atypical presentation. The clinical picture maybe deceptive with no appearance of early skin necrosis and crepitus as compared to typical clostridial gas gangrene presentation. Early diagnosis and intervention in gas gangrenes are important to avoid mortality and morbidity.

REFERENCES:

D. Bird et al. Diabetologia 1977; 13:373-376