DEADLY INJECTION : AN UNUSUAL PRESENTATION OF NECROTISING FASCIITIS

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Introduction: Necrotizing Fasciitis (NF), a life-threatening soft tissue infection usually the result of trauma, needle puncture or drug extravasation frequently leads to limb loss (1). Group A Beta-haemolytic streptococci (Streptococcus pyogenes) is commonly encountered, but cultures have periodically yielded aerobes such as staphylococci, E. coli, klebsiella and anaerobes like bacteroides, C. perfringens, and peptococcus (2). The skin becomes red and taut with or without dysesthesia, seemingly benign. However, subcutaneous gas can be near pathognomonic for NF (3).

Discussion: A 50-year old diabetic woman, complains of right arm pain and swelling after a visit to her GP for gastritis whereby she was prescribed an injection of im ranitidine 50mg through her right arm deltoid. Over the next 4 days, the area started to redden and the District Hospital Emergency urgently referred her out. Upon review, she was seemingly stable, but rapidly deteriorated into septic shock, was transferred to Intensive care and surgery hastened. History, presentation, and parameters calculated according to the LRINEC criteria as well as X-ray films of gas shadows in the soft tissue planes. LRINEC SCORING SYSTEM: CRP 188: 4 points, WCC 27: 2 points, Hb 10: 2 points, Na 126: 2 points, Cr 38: 0 points, Glucose >10: 1 point. Total 11 points, high PPV. She was commenced on iv unasyn and iv clindamycin. 100mls of purulent material was drained out from the fascial layers intraoperatively. Samples yielded Klebsiella pneumonia sensitive to iv unasyn. Her condition has now drastically improved.

Conclusion: A prompt diagnosis, quick initiation of antibiotics and emergent surgery is paramount (3) & if delayed beyond 12 hours in fulminant NF can prove fatal (2). Mortality has been reported to be as high as 70-80% (3). Immunosuppressed states i.e. diabetes with poor control is a strong predeterminant of infection and its succeeding exacerbating sequelae. (2)