

# “Doctor Can My Baby Survive?”

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## INTRODUCTION:

Necrotizing fasciitis (NF) is a potentially life-threatening infection of soft tissues and usually reported in adults with preexisting medical conditions or compromised immune system. It is rare in neonates, and the reported mortality is close to 50% in this population. Less than 70 cases of neonatal NF are reported in literature, most in otherwise healthy neonates and usually attributed to omphalitis, mastitis, or postoperative wound infections. We report our experience who developed NF spontaneously (primary NF) and look at the etiology, clinical presentation, management, and outcome.

## REPORT:

1 month old baby, uneventful delivery came with toxic shock syndrome complicated with necrotizing enterocolitis and NF of both thighs.

On examination, she had swollen both thighs up to inguinal region and necrotic patch with bullae. Investigation show twbc=24.07, hb=9.2 plt=48, blood culture= gram positive cocci. She was put under neonate intensive care unit and treated with antibiotic according to culture. Hydrocolloid patch was applied to moisten the necrotic patch and proceeded with one-time local debridement. Post debridement modern dressing applied twice weekly. She was applied hydrofiber dressing at first to adsorb exudate and promote granulation. Then once granulation present, we change to foam dressing for epithelization with skin barrier. Later patient being discharge safely. Upon follow up, her wound was healed in the shorten period.

**Figure 1: Necrotic patch bilateral proximal thighs**



**Figure 2: Healed wound bilateral proximal thighs**



## CONCLUSION:

In conclusion, NF in neonates is a rare. Rapid spread of soft tissue infection, when accompanied by systemic toxicity and hematological derangements, e.g., thrombocytopenia, should alert physicians to the possibility of NF. Broad-spectrum antibiotic therapy, meticulous supportive care and surgical debridement, remain the mainstay of treatment. Application of modern dressing post-surgical debridement helped in improve the outcome as demonstrated in this study.

## REFERENCES:

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2. Zafar ET AL, Pediatr Surg Int (2005) 21: 641–644