

## Outcome of *Vibrio Vulnificus*

<sup>1</sup>Therumurtei, Lingash; <sup>2</sup>Ismail, Badrul Aznil<sup>3</sup> Suppiah, Logeshwaran;<sup>4</sup> Kassim, Ahmad Fauzey  
<sup>1</sup> Orthopaedic Department, Hospital Sultanah Bahiyam, Km 6, Jalan Langgar, Alor Setar, Kedah Malaysia,

### INTRODUCTION:

Necrotizing fasciitis also known as flesh-eating disease is a life-threatening bacterial soft tissue infection that spreads along soft tissue planes rapidly. Thus, Accurate diagnosis, rapid antibiotic treatment, and prompt surgery are important to stop the infection especially towards specific bacterial infection

### REPORT:

47 years old gentleman was presented to our Emergency Department with alleged prick by prawn rostrum over left hand and subsequently developed hand swelling. This patient have underlying Alpha thalassemia intermedia & Iron overload.

Upon examination we noticed his left hand was swollen and the capillary refill time of index finger is 2 seconds with dusky appearance, oxygen saturation (SPO2) of the aforementioned finger is undetectable comparatively to the other fingers where the capillary refill time and SPO2 was normal. Furthermore when we assess further we found the compartment of the hand appears to be tense. Thus, we post the case for Fasciotomy for Left hand compartment syndrome.

During the operation, we proceeded with incision over the dorsal aspect of 2<sup>nd</sup> and 4<sup>th</sup> web space and there was significant amount of serous discharge otherwise muscle was healthy as well noted there was bullae over the elbow thus we aspirated the under aseptic technique and send to laboratory. The patient was admitted to ICU for post operative monitoring

During the admission in ICU patient was diagnosed with Necrotizing Fasciitis of Right Upper Limb since the fluid culture and sensitivity reported as *Vibrio Vulnificus*. Furthermore the patient was unable to weaned down from the high ventilator setting in view of it was affecting his other organs as well (Metabolic acidosis with lactate acidosis, Coagulopathy & Acute kidney injury)- even



with high dose of antibiotic and CTA result - no opacification of vessel at proximal forearm and distally. On examination of the left upper limb, there was blister formation and oxygen saturation of all fingers were undetectable.

**Figure 1: Intubated Patient**

**Figure 2: Xray**

Thus, we proceeded with trans-humeral amputation in view of worsening infection and intraoperatively noted dishwater fluid however the muscle over amputation site are healthy. Post operatively, patient condition was improved and subsequently was discharged from our care to home after D12 post operation.

### CONCLUSION:

VIBRIO INFECTION IS A RARE BUT DEVASTATING INFECTION IF MISSED. CORRELATION WITH HISTORY AND RAPID SOFT TISSUE DETERIORATION SHOULD GUIDE ONE TO THE PROMPT DIAGNOSIS AND TREATMENT TO PREVENT DEBILITATING SEQUELAE.

### REFERENCES:

1. Heather A. Wallace; Thomas B. Perera Necrotizing fasciitis
2. Ronald M.Y. Wong Necrotizing fasciitis induced by *Vibrio vulnificus*