Original Research Paper

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General Surgery

NECROTIZING FASCIITIS OF THE BREAST IN A NON DIABETIC POSTMENOPAUSAL WOMAN- A CASE REPORT

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ABSTRACT **INTRODUCTION:** Necrotizing Fasciitis is an aggressive skin infection of the fascia and subcutaneous tissue,mostly affects the perineum, abdominal wall, and extremities. Seldom does it involve the breast. Necrotizing fasciitis of the breast is a rare illness that, if left untreated, has a significant fatality rate. just a few cases have been documented in the literature, and it is still a disorder that is frequently overlooked and misdiagnosed as cellulitis or a breast abscess.

KEYWORDS :

CASE REPORT:

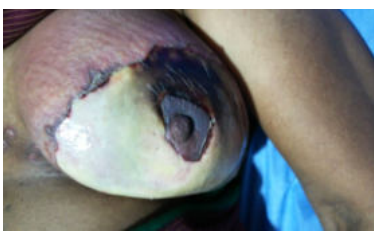
A 65-year-old woman complained of pain and foul-smelling discharge coming from her left breast for the four days prior to admission when she went to the emergency room. past medical history of ACS and hypertension dating back two years (details not known). There was no prior trauma, fever, chills, or breast surgery history.

On examination, GC fair, HR:- 104/min, BP:-100/60mmHg, a 15cm x 12cm Necrotic patch was seen involving all four quadrants and the nipple areola complex. The lesion was tense and tender. The surrounding skin was erythematous tense and tender with local warmth.

Investigations showed

elevated Total counts(16100cells/mm3) Decreased hemoglobin(10.2gm/dL) Ultrasound showed diffuse subcutaneous and glandular inflammation with edema of Left breast with axillary lymphadenopathy

PRE OPERATIVE PICTURE



TREATMENT: The patient was put on Inj.Piperacillin tazobactum the same day after being taken up for emergency wound debridement under general anaesthesia. Extensive debridement was performed alongside the removal of devascularized tissue. Daily wound dressing was done after surgery. When Pseudomonas Aeruginosa sensitive to ciprofloxacin grew in tissue culture and sensitivity tests, the same treatment was initiated.

Tissue Biopsy of the breast parenchyma showed features of suppurative necrosis, thrombosed blood vessels, areas of periductal inflammation and extensive areas of gangrenous necrosis in the subcutaneous plane extending to subcutaneous fat.

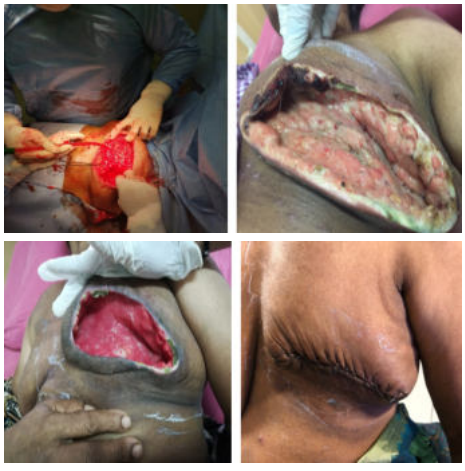
Patient was taken up secondary suturing on POD#14, and is now completely disease free with healthy wound Histopathological examination to confirm the absence of malignancy is mandatory.

CONCLUSION:

Necrotizing Fasciitis of the breast is an aggressive soft tissue infection which can be life threatening .

Early surgical intervention and IV antibiotic cover can greatly reduce the high morbidity and mortality associated with Necrotizing Fasciitis of the breast.Due to the rare nature of the condition it can easily be misdiagnosed, hence if a patient presents with features consistent with abscess or cellulitis of the breast it is always good to have Necrotizing fasciitis as a differential.

INTRA OP PIC POST OP DAY 5



POST OP DAY 12 SECONDARY SUTURING DONE ON POD 15

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