



## A CASE OF APPENDICULAR ABSCESS PRESENTING AS BILATERAL FOURNIER'S GANGRENE: MANAGED BY EXTRAPERITONEAL DRAINAGE AND SCROTAL EXPLORATION.

### Surgery

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### ABSTRACT

Acute appendicitis is a common surgical emergency. Appendicular abscess is a known complication of same. We present a case of appendicular abscess presenting as impending bilateral Fournier's gangrene secondary to patent processus vaginalis managed by extraperitoneal drainage of appendicular abscess and debridement of scrotum.

### KEYWORDS

Acute Appendicitis, Appendicular abscess, Fournier's Gangrene

### INTRODUCTION

Fournier's gangrene is a vascular disaster of infective origin characterized by sudden scrotal inflammation, rapid onset of gangrene leading to exposure of the scrotal contents. (1) In half of the cases there is absence of an obvious cause and usually follows a minor injury in perineal area. We present a case of appendicular abscess presenting as impending bilateral Fournier's gangrene secondary to patent processus vaginalis managed by extraperitoneal drainage of appendicular abscess and debridement of scrotum.

### Case Report

40 years old male with no known co morbidities presented to casualty with history of sudden onset pain in right iliac region 07 days back, not able to pass flatus and stools, 2-3 episodes of non-bilious vomiting and high grade fever associated with chills of 04 days duration and was on self medication for same. On general examination patient was febrile with tachycardia and abdominal examination revealed distended abdomen with 8 x 10 cm lump in right iliac region and tenderness and rebound tenderness present with induration and erythema of anterior abdominal wall and impending bilateral Fournier's gangrene. X ray abdomen had few air fluid levels with dilated bowel loops and USG abdomen showed appendicular abscess.

Patient was taken up for exploration and he underwent extraperitoneal drainage of appendicular abscess and debridement of scrotum. Intra op 200 ml of pus was drained from retroperitoneum with necrosed muscles and scrotal tissue was debrided, testis was found to be normal. (Figure 1 & 2) The patient was kept on broad spectrum antibiotics and patient had an uneventful recovery.



**Figure 1 : Fournier's gangrene in a patient of appendicular abscess**



**Figure 2 : Debridement of Fournier's gangrene and extraperitoneal drainage of appendicular abscess**

### DISCUSSION

Abscess formation in a case of appendicular abscess commonly occurs in the pelvis, between intestinal loops and in the subphrenic space, abscess in scrotum is rare. Acute appendicitis presenting with Fournier's gangrene is an extremely rare clinical entity only less than 20 cases described.(2,3,4) it is postulated that it occurs secondary to pus tracking down to scrotum via patent processus vaginalis, the same is the expected in our case. A scrotal abscess occurring without a history of appendectomy have less than five such case reports.(5,.6).

Most common diagnosis of acute scrotum in paediatric age group is Torsion testis and in adults incarcerated or strangulated hernia which warrants an urgent exploration.

Treatment of Fournier's gangrene involves wide excision of scrotal skin and for appendicular abscess drainage. However in view of high probability of injury to bowel loops and spread of peritonitis a percutaneous drainage or an extraperitoneal drainage is considered a better modality rather than an open exploration which was done in our case. (7,8,9).

### CONCLUSION

The relationship between the scrotum and the peritoneal cavity is known, hence examination of the scrotum is an integral part of the abdominal examination. The possibility of an intra-abdominal abscess leading to the presentation of an acute scrotum secondary to a patent processus vaginalis should always be kept in mind. Thorough scrotal debridement and lavage and drainage of abdominal abscess resulting in removal of the source of sepsis are keys to successful management.

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