

WOUND MANAGEMENT AFTER OPERATION OF NECROTIZING FASCIITIS

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Aim: For over a century many authors have described a particular type of severe soft tissue infection, which is progressive, invasive and fast spreading. This infection is known as necrotizing fasciitis /NF/ and was first reported in 1848.

NF is a progressive, fast spreading infectious process located in the deep fascia, which leads to secondary destruction of the derma and hypoderm. Because gas producing microorganisms participate in the process, the classical symptom is availability of gas. This infection is extremely difficult to recognize in its initial state. The fast spreading of the infection requires aggressive treatment because of the high death rate in patients who develop the disease.

Methods: In the period of 2006-2008 in the Clinic of Septic Surgery were treated 24 patients with NF. The deep necrotizing infection leads to vascular occlusion, ischemia and tissue necrosis. We have also noted loss of sensitivity in the affected area caused by damaged nerve extensions. When operating NF large wound surfaces are present therefore a lot of skill and medications are needed for a proper wound management.

Results and discussion: In 20 patients were achieved very good results to the point of new granulations by performing every day debridement and wound dressings. Approximately 20 ± 7 days after the initial surgical intervention we performed secondary stitches. In 4 of the patients the secondary stitches were necessary to repeat and in one patient there was a need for plastic surgery /free skin patch/. In spite of our efforts 4 patients died. The proper wound management together with an adequate in time and performance surgical intervention is crucial for the final outcome.