

Erysepilas and Necrotizing Fasciitis

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A 40-year old female was admitted in critical condition after one week of "traditional" self-treatment for erysepilas bullosae. Upon admission, the patient presented with the clinical signs and symptoms of necrotizing fasciitis and septic shock.

After initially stabilizing the patient, we performed exploratory surgery and a fasciotomy. Repeated explorations were performed to remove necrotic tissues. The initial culture revealed a typical Streptococcus infection; later cultures grew multiantibiotic-resistant *Pseudomonas aeruginosa*.

During the process of repeated surgical debridement, a large circular wound developed that covered the lower extremities. The extraordinary size of the

wound's surface can be envisioned by taking the patient's weight of 160 kilograms and height of 180 centimeters into account. We closed the wound with a net-like autologous skin graft attached with secondary stitches in the area of the hips. The duration of the patient's treatment in the hospital was four months, and the patient underwent outpatient treatment for an additional five months.

Currently, having recently returned from a vacation on the Black Sea, the patient is completely socially rehabilitated, healthy, works as a nurse, and is raising a five-year old son. The patient has not expressed any complaints about the cosmetic appearance of the healed wound.

Fig 1



Fig 2

