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IMAGE OF THE MONTH

Necroziting fasciitis in right leg secondary to a presacral abscess related to colorectal anastomosis failure☆

Fascitis necrotizante en miembro inferior derecho secundaria a colección presacra por dehiscencia de anastomosis colorrectal

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A 41-year-old man who, two years earlier, had undergone robotic anterior resection of the rectum for adenocarcinoma of the rectum. In the postoperative period, he developed anastomotic dehiscence and a presacral collection, treated with antibiotic therapy, endoanal drainage and vacuum therapy with Endo-SPONGE®. The condition did not resolve and developed into a chronic presacral sinus.

The patient visited the A&E department with fever and pain and swelling in his right leg. Blood tests showed elevated inflammatory markers. Pelvic computed tomography (CT) revealed necrotising fasciitis in his right thigh and buttock relating to the aforementioned sinus (Figs. 1 and 2). We debrided the necrotic area and disconnected the colorectal anastomosis with an end colostomy to control the source of infection.

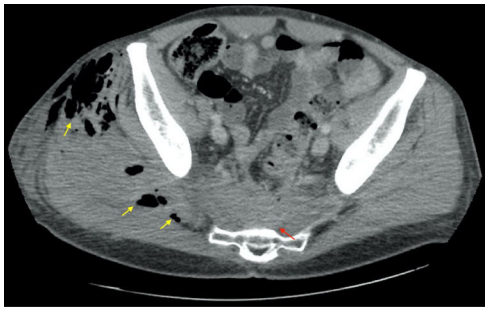

Fig. 1 Axial view. Pneumoperitoneum (three yellow arrows on the left of the image).

Persistence of suture failure leads to the development of a chronic sinus in up to 10% of dehiscence cases after 12 months. This complication can lead to intra-abdominal

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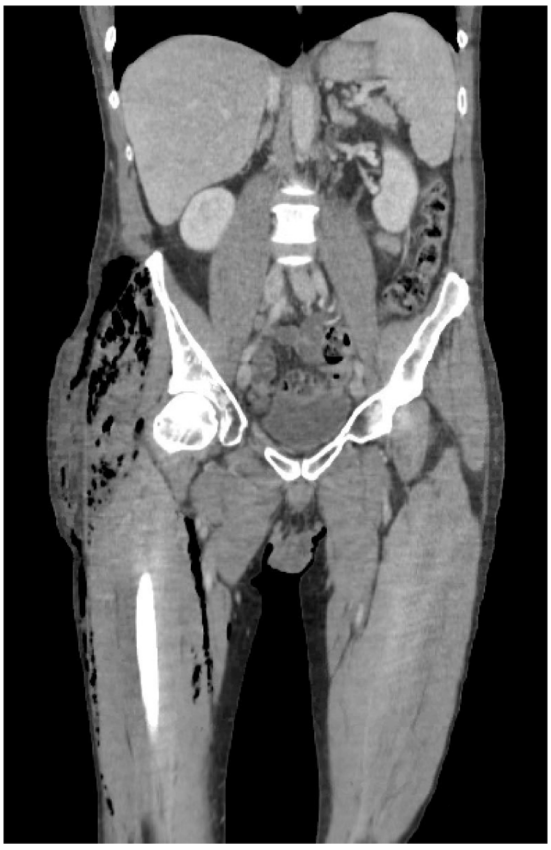

Fig. 2 Coronal view. Pneumoperitoneum in right leg.

collections, chronic pain and persistent suppuration, among other symptoms.[1] We found no reports in the literature describing its association with fasciitis. This case would be classified as type I (polymicrobial) fasciitis, typical in lower limbs (60%) and usually associated with diabetes and immunosuppression, not present here.[2,3]

References

1. Borstlap WAA, Westerduin E, Aukema TS, Bemelman WA, Tanis PJ, Dutch Snapshot Research Group. Anastomotic leakage and crhor-inc presacral sinus formation after low anterior resection: results from a large cross-sectional study. Ann Surg. 2017;266:870–7.
2. Wang J-M, Lim H-K. Necrotizing fasciitis: eight-year experience and literature review. Braz J Infect Dis. 2014;18:137–43.
3. Leiblein M, Marzi I, Sander AL, Barker JH, Ebert F, Frank J. Necro-tizing fasciitis: treatment concecpts and clinica results. Eur J Trauma Emerg Surg. 2017.