

## FASCEITI NECROZANT FATAL NGA PSEUDOMONAS AERUGINOSA NË NJË SUBJEKT IMUNOKOMPETENT

TRITAN KALO, SABAHEDE DEDJA, SHKELQIM KURTI, KLODIANA SHKURTI,  
FATMIR XHEMALI, EDMOND PUCA, ARBEN NDREU, DHIMITER KRAJA\*

### Summary

#### FASCEITI NECROZANT FATAL PSEUDOMONAS AERUGINOSA IN A SUBJECT IMMUNOCOMPETENT HOST

**The aim:** of this communication is to report the occurrence of a very rare case of necrotizing fasciitis of both legs caused by *Pseudomonas aeruginosa*.

**Background:** Necrotizing fasciitis is a rare infection of the superficial fascia and subcutaneous cellular tissue, with a very rapid progression and potentially fatal accompanied by systemic signs of toxicity, mainly observed in legs and abdominal wall. Necrotizing fasciitis is more frequently polymicrobial and a combination of aerobic (streptococci and staphylococci) and anaerobic bacteria, often lead in a quick and severe progression of the disease. *Pseudomonas aeruginosa* may cause soft tissue infections, but it is rarely associated with necrotizing fasciitis and few reports document such association.

**Case report:** B. H., 49 years old, immunocompetent, a heavy smoker, 8 hours after the nail extirpation of left toe due to Perionichia without any antibio-prophylaxie, started to have severe pain of the same leg. He started having frissons during the night, and in the early hours of morning complains of severe pains and swelling of both legs, as well as walking difficulties. He was admitted at ICU of Cardio surgery because of a suspicion of thrombosis of both popliteal arteries. High doses of Heparin were promptly started asides of supportive therapy because of tissues hypo-perfusion (anuria, cyanosis, BP=80/50 mmHg, HB=122/min). Three hours later he was transferred at ICU of Infectious Diseases Service for Bilateral Necrotizing Fasciitis and Septic shock. He presented cold and cyanotic and necrotic elements of inferior extremities covered by bulous elements filled with a sero-hemorrhagic liquid, Nikolschi positive, a weak pulse of both popliteal arteries and its absence at both of dorsum pedis arteries. He was lethargic, anuric, BP=70/30 mmHg, HB=139/min. The rapid fatal course of this case did not allow us to perform any surgical exploration. The patient died 24 hours after the initiation of first symptoms of disease, and 7 hours after his admission at ICU of Infectious Diseases because of a Septic shock and multiple organs failure regardless of ventilation, perfusions, inotropics support and Vancomycin treatment. *Pseudomonas aeruginosa* was isolated in two blood cultures and liquid of vesicles.

**Conclusion:** Necrotizing fasciitis leads inevitably towards a severe sepsis and multiple organ failure with a high mortality rate (12-57% of cases), which needs an early diagnosis besides of a promptly and aggressive surgical intervention.

Fasceiti nekrozant (FN) është një infeksion i rallë i fascieve sipërfaqore dhe i indit qelizor subkutan, me progresion shumë të shpejtë, potencialisht fatal, i shoqëruar me shënja sistematike të toksicitetit. FN mundet të prekë pacientët e çdo moshe, pa ndonjë "parapëlqim" në lidhje me seksin apo racën. Në të rriturit, më shpesh preken nga FN gjymtyrët e poshtëme, e më pas trunks dhe koka. Në fëmijët,

shumica e lezioneve janë raportuar në trunk, dhe në neonatët ku FN e ka pikënisjen e tij prej një "omphalitis" (2,5,7,9,19,23).

FN më shpesh është i natyrës polimikrobiale, dhe kombinimi i baktereve aerobe (*Streptococcus* sp. dhe *Staphylococcus* sp.) me ato anaerobe (*Clostridium* sp., *Vibrio* sp.), shpije në shumicën e rasteve në këtë progresion të shpejtë dhe të rëndë të sëmundjes. Në