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ANSWER: FOURNIER'S GANGRENE

Necrotising fasciitis was a term that became popular to also be known as 'flesh eating bacterial disease'.¹ In the year 1883, Jean Alfred Fournier gave a detailed description on the necrosis that was occurring in male genitalia after which it is called Fournier's Gangrene.² It is also known by many names like streptococcal scrotal gangrene, idiopathic gangrene of the scrotum, etc.³

It is now considered to be necrotizing fasciitis that affects genital and perianal region in males and females. It can occur at any age though more common in middle age and in immune-compromised status like diabetes mellitus, alcoholism, chronic kidney disease, etc.⁴

Although it was considered earlier to be idiopathic, today, trauma is a recognizable source of entry of infection.^{2,4} The common causative organisms are staphylococcus, streptococcus, enterobacteriaceae, etc.^{2,4} In our case, the organism was methicillin resistant staphylococcus aureus. The diagnosis of this condition is mostly clinical and should be early; otherwise it can progress rapidly causing multi-organ failure and mortality.

Surgery is the main choice of treatment where all the devitalised tissues are removed (Figure 2) and often they may require repeated debridement. Negative pressure wound therapy is known to be beneficial in large wounds. Post debridement, the reconstruction methods include secondary suturing, split skin grafting, burying of testis in thigh or abdomen, etc.⁴



Figure 2: Surgical debridement of Fournier's gangrene of the scrotum with complete laying open and removal of necrotic tissues of the groin and testes.

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